

Name
in
Full

Emma Franklin Baker

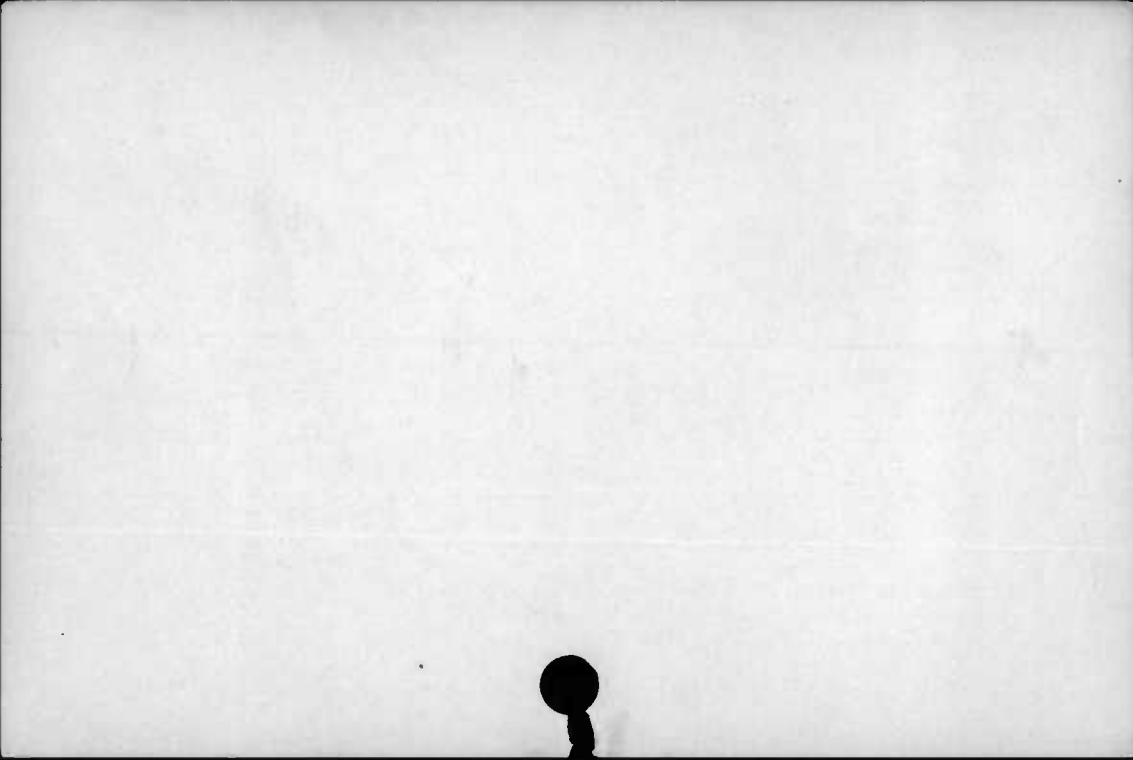
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Aberdeen</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Month} <u>aug</u> ^{Day} <u>19</u>		Age <u>58</u> ^{Years}		Months <u> </u> ^{Days} <u> </u>	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Near Aberdeen</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>at Aberdeen</u>			
Married, <u>Yes</u>		Name of Wife or Husband <u>E. M. Baker</u>			
Father's Name <u>Wm Michael</u>		Father's Birthplace <u>Near Aberdeen</u>			
Mother's Maiden Name <u>Ann Bourne</u>		Mother's Birthplace <u>Harford Co Md</u>			
Name of person giving Information <u>Beulah Baker</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

Primary <u>Brain Softening</u>	<u>65</u>	How long <u>Not Known</u>
Immediate <u>Paralysis</u>		How long <u>3 mo</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. H. Kennedy</u>
		Address <u>Aberdeen Md</u>
Accident or Suicide? <u>No</u>		



Name
in
Full

Isaac Briscoe Bell

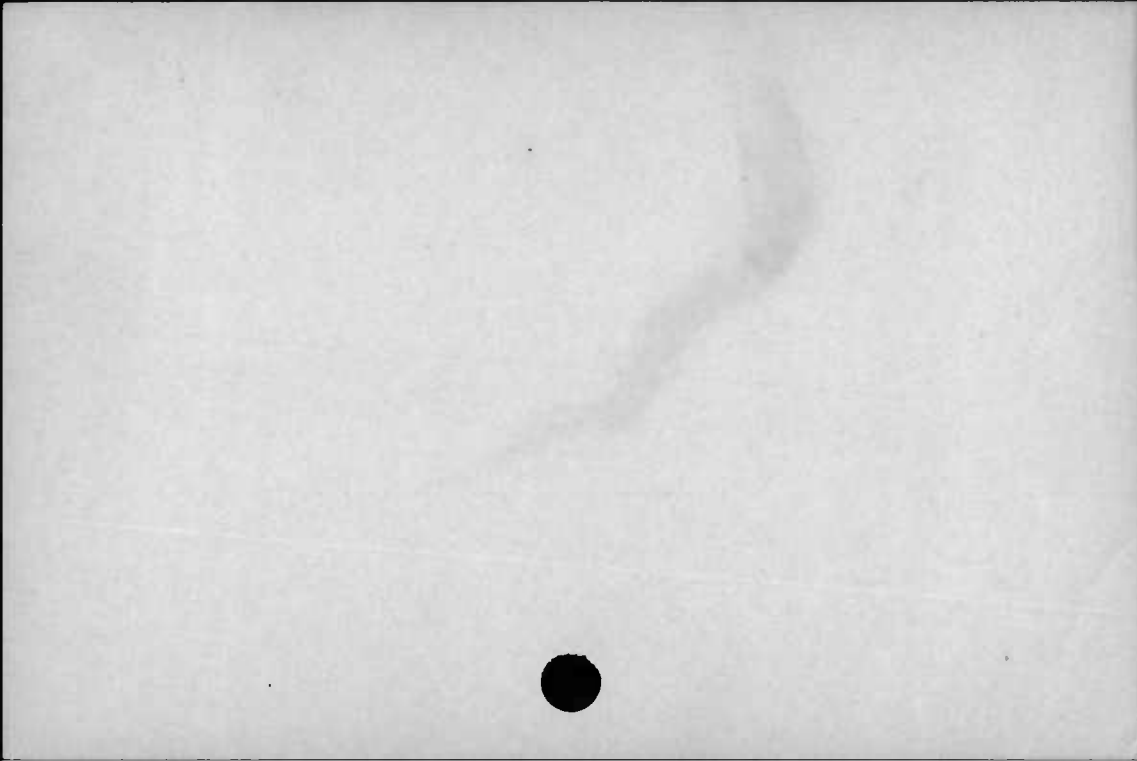
CERTIFICATE OF DEATH

Died at		Town <i>Poole</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>August</i>	Day <i>21</i>	Age <i>38</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth- place <i>Calvert Co., Md</i>				
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Phil a.</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ruth James - widow Bishop</i>						
Father's Name <i>Lloyd Bell</i>	Father's Birthplace <i>Prince George Co., Md</i>						
Mother's Maiden Name <i>Frances Briscoe</i>	Mother's Birthplace <i>Prince George Co., Md</i>						
Name of person giving Information <i>Frances Bell</i>	How related to deceased <i>the mother</i>						

CAUSES OF DEATH

(27)

Primary <i>Tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Convulsion from Cerebral apoplexy</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Ephr Hopkins M.D.</i>
	Address <i>Darlington Md</i>
Accident or Suicide? <i>no</i>	



Name
in
Full

Luella Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belt Air</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1907</u> ^{Year}		<u>Aug</u> ^{Month}		<u>29</u> ^{Day}	
Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Ind.</u>	
Occupation <u>House wife</u>		Where Residing if not at place of death <u>Belt Air Ind.</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Neal Bond</u>			
Father's Name <u>Abraham Bond</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Sarah Blaney</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Neal Bond</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

(70)

PHYSICIAN
OR CORONER

Primary	<u>Eclampsia puerperal.</u>	How long	<u>6 days -</u>
Immediate	<u>Coma</u>	How long	<u>24 hours -</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>		Signature of Physician <u>A. F. Van Sibben</u>	
		Address <u>Belt Air</u>	
Accident or Suicide? <u>No.</u>		<u>Ind.</u>	

Tabernacle

Name

in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cardiff</u> Town		<u>Harford</u> County			
Date of death	<u>1907</u>	Month <u>8</u>	Day <u>18</u>	Age <u>84</u>	Years <u>84</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>Invalid</u>	Where Residing If not at place of death <u>Ind</u>				
Male or Widowed <u>Ind</u>		Name of Wife or Husband <u>Ind</u>			
Father's Name <u>John Keys</u>		Father's Birthplace <u>Whiteford Ind</u>			
Mother's Maiden Name <u>Hannah Murray</u>		Mother's Birthplace <u>Whiteford Ind</u>			
Name of person giving information <u>Ellen Wesley</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Old age</u>	<u>154</u>	How long <u>Ind</u>
Immediate <u>Ind</u>		How long <u>Ind</u>
Are the name, age, sex, color, date and place correctly given above? <u>Ind</u>	Signature of Physician <u>D. B. Eastman</u>	
	Address <u>Cardiff Ind</u>	
Accident or Suicide? <u>Ind</u>		

Aug. 20.-07
Slate Ridge

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James A. Bullett*

Died at *Whitford* ^{Town} *Hanford* ^{County} *MARYLAND*

Date of death *1907 Aug 24* Age *5* Years *11* Months *11* Days

Sex *male* Color of Race *white* Birth-place *Whitford*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Geo. Bullett* Father's Birthplace *Lanham*

Mother's Maiden Name *Margaret C. Jones* Mother's Birthplace *Whitford Md*

Name of person giving information *Geo Bullett* How related to deceased *father*

CAUSES OF DEATH

Primary *Gastric Enteritis* **105** How long *Three weeks*

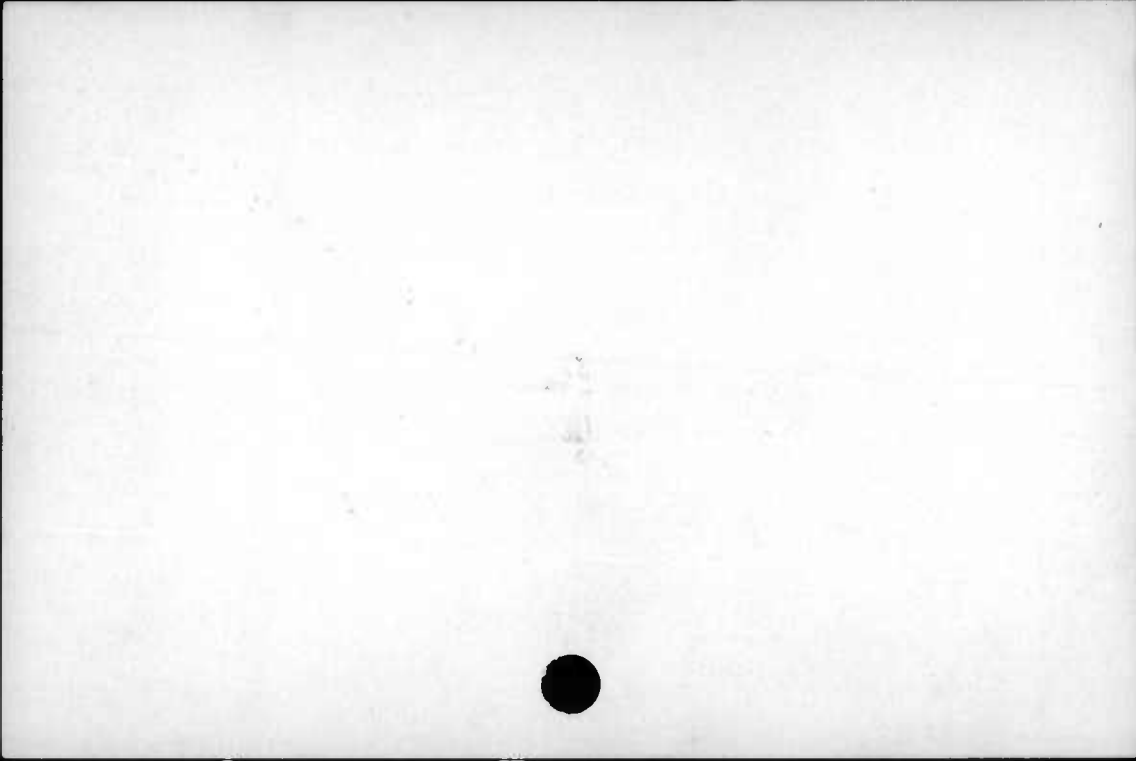
Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above?

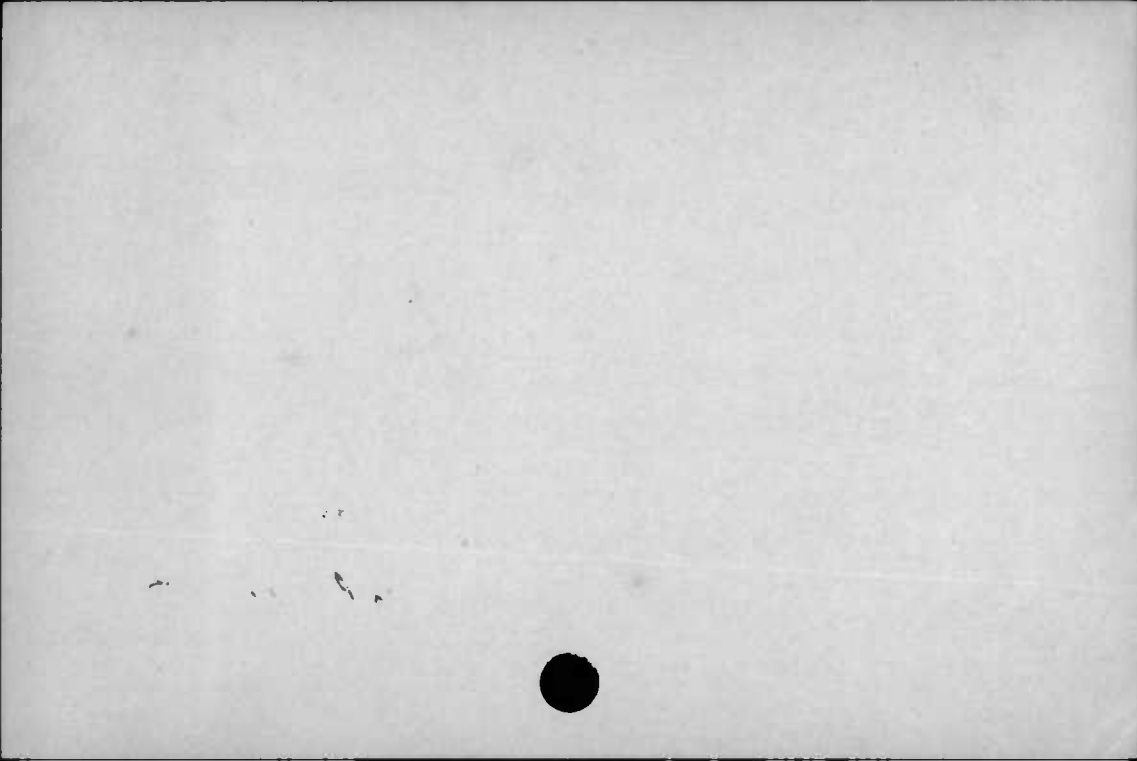
Signature of Physician

Address

Accident or Suicide?



CERTIFICATE OF DEATH



Name

in
Full

Mary E. Couplan

CERTIFICATE OF DEATH

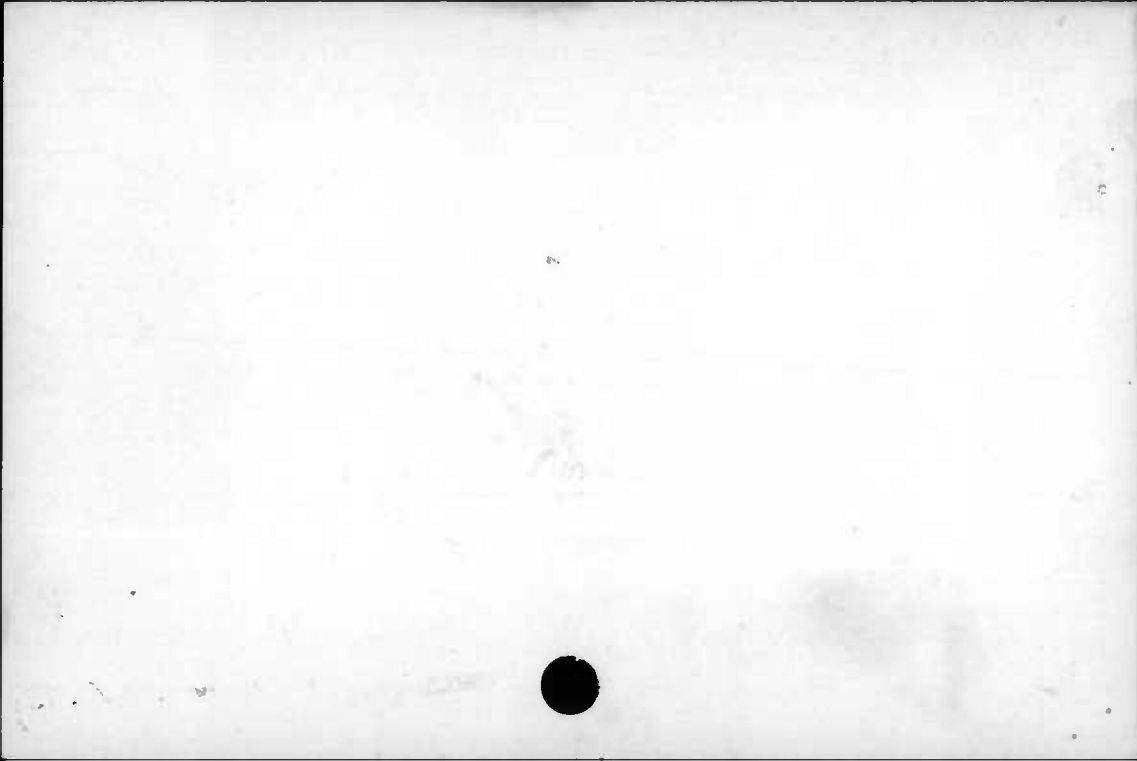
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Mountain</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	8	Day	6	Age	Years <i>11</i> Months <i>11</i> Days <i>11</i>
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Balto. Co.</i>
Occupation <i>✓</i>				Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>James Couplan</i>				Father's Birthplace <i>Balto. Co.</i>			
Mother's Maiden Name <i>Anna Spencer</i>				Mother's Birthplace <i>Harford Co.</i>			
Name of person giving information <i>James Couplan</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>Two weeks</i>
Immediate	<i>Cerebral</i>	How long	<i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Charles Bagley M.D.</i>	
		Address <i>Bagley M.D.</i>	
Accident or Suicide?			



Name
in
Full

Abraham Dargherty.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

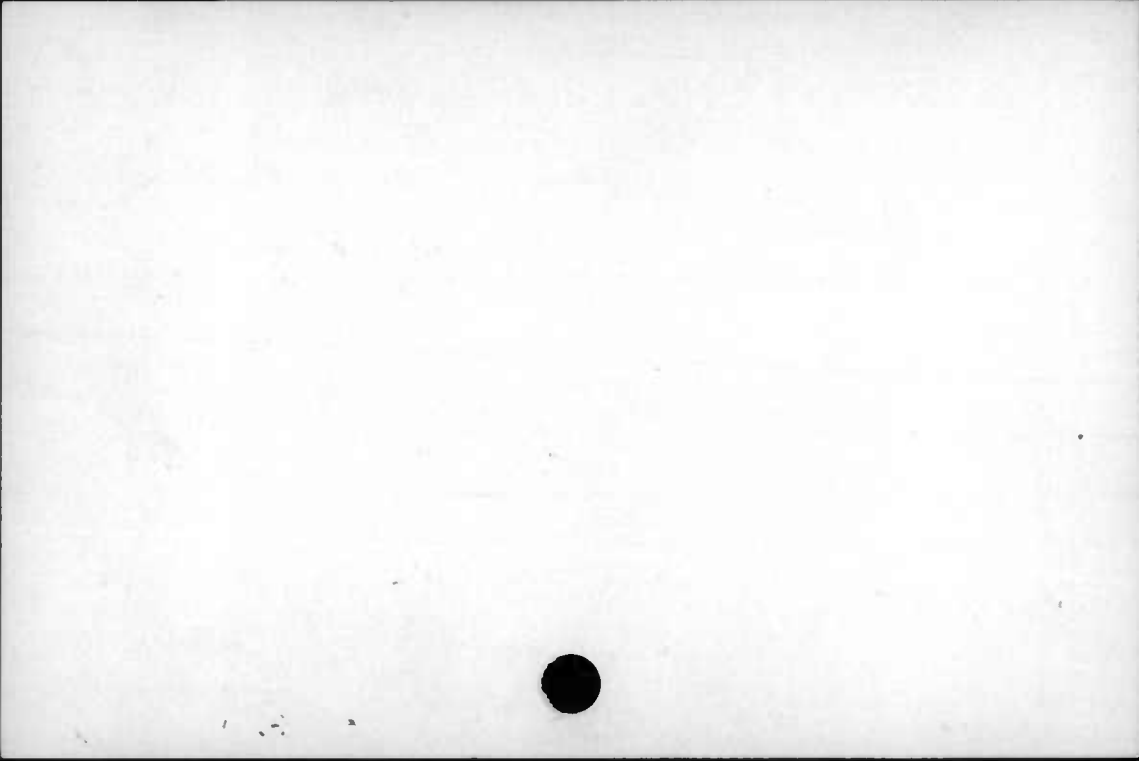
Died at		Town Bel Air		County Harford		MARYLAND	
Date of death		190	Month 8	Day 7	Age Years 28	Months 11	Days
Sex Male		Color or Race Negro		Birth- place Harford Co.			
Occupation Cooler				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband Fannie Dargherty					
Father's Name Legitimate				Father's Birthplace			
Mother's Maiden Name Alice Dargherty				Mother's Birthplace Md.			
Name of person giving In formation Sarah Watson				How related to deceased Aunt			

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary	Alcoholism	How long	3 days
Immediate	Metabolic poisoning	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Kappaytis	
		Address Bel Air	
Accident or Suicide?			



Name
in
Full

Isajah De Boney

✓

CERTIFICATE OF DEATH

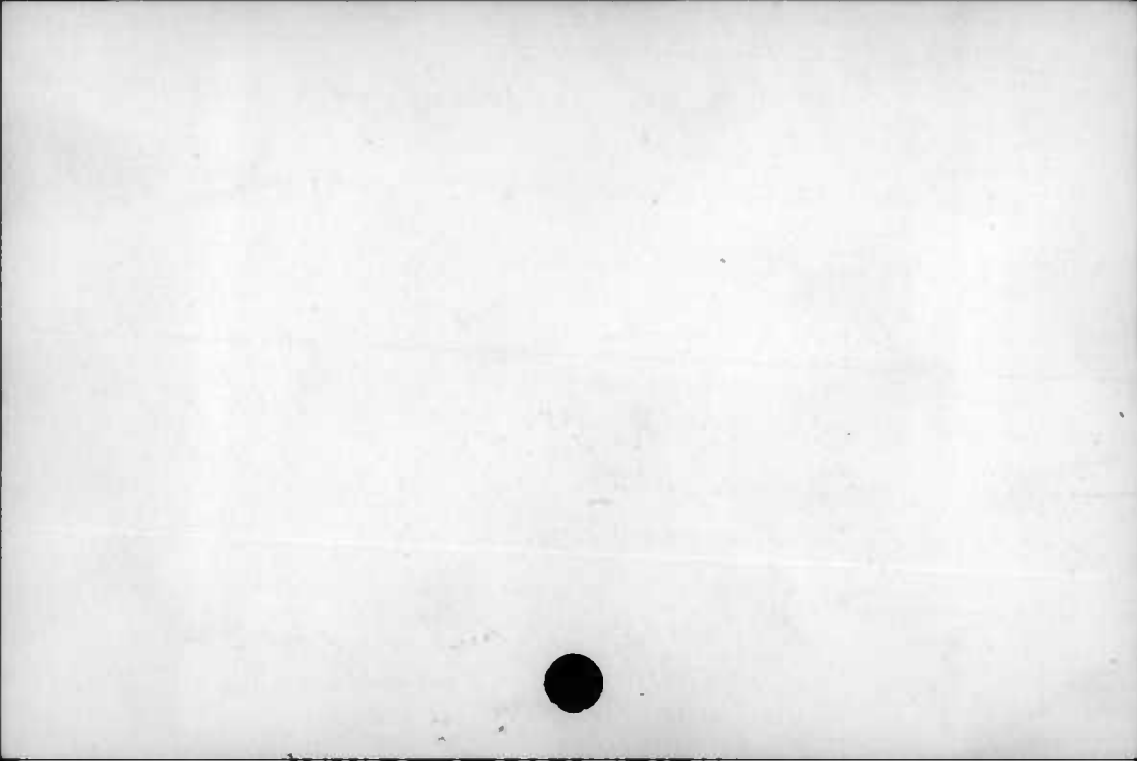
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harred Trace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug.</i>	Day <i>17</i>	Age <i>93</i>	Months <i></i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Baltimore</i>		
Occupation <i>Barber</i>	Where Residing if not at place of death <i></i>				
Married, Single or Widowed <i>Married</i>	Name of Wife Husband <i>Sarah Jane Courtney</i>				
Father's Name <i>Ammon</i>	Father's Birthplace <i>Ammon</i>				
Mother's Maiden Name <i>Francis De Boney</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Joseph De Courtney</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>3m. 4 yrs</i>
Immediate <i>Debility of age</i>	How long <i>5 or 6 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. H. Smith</i>
	Address <i>Wm. A. True</i>
	<i>Med</i>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Dorothy May Dirks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charm Hill</i>		County <i>Harford</i>		MARYLAND	
Date of death	1907	Month	Aug	Day	27
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Phila. Pa.</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name <i>Hugo Dirks</i>			Father's Birthplace <i>Phila. Pa.</i>		
Mother's Maiden Name <i>Arena Ayers</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<i>Malnutrition</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>H. F. Bradley</i>	
		Address	
		<i>Janettsville Md</i>	
Accident or Suicide?			

Burial at Mt Tabor
near Gibson PO Haywood co Md

Name
In
Full

Simeon D. Flemmings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

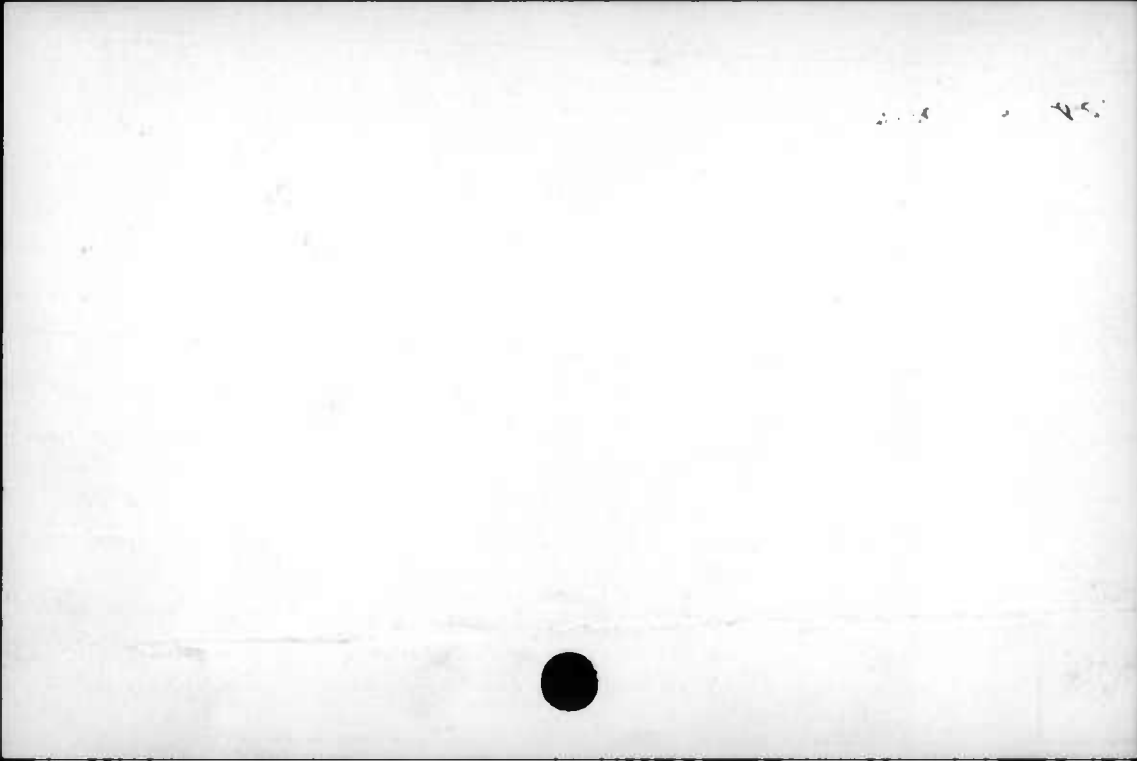
Died at <i>Benson</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug</i>	Day <i>17</i>	Age <i>22</i>	Months <i>1</i>	Days
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place <i>Harford Co., Md.</i>			
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Benson</i>				
Married Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Flemmings</i>	Father's Birthplace <i>Balto Co Md</i>		Mother's Birthplace <i>Balto Co Md</i>		
Mother's Maiden Name <i>Sarah P. Anderson</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Sarah P. Flemmings</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Congestion of Brain + Paralysis</i>	How long	<i>one week</i>
Immediate	<i>"</i>	How long	<i>"</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. F. H. Gorsuch</i>	
<i>Yes</i>		Address <i>FOX Md</i>	
Accident or Suicide?			



Name
in
Full

George W. Gates

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

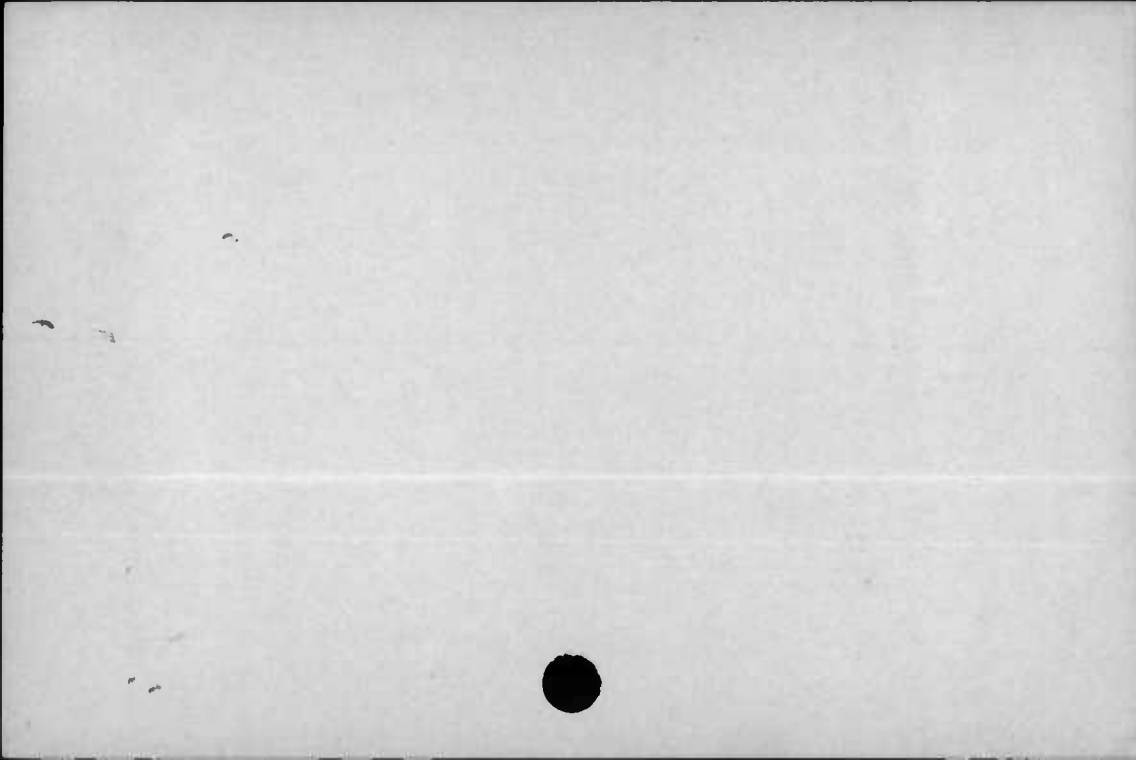
Died at		Town <i>Pooles</i>		County <i>Harford</i>		MARYLAND					
Date of death		Month		Day		Years		Months		Days	
1907		August		14		Age 74					
Sex		Male		Color or Race		White		Birth-place		<i>Harford Co. Md</i>	
Occupation		<i>Carpenter</i>		Where Residing if not at place of death		<i>Pooles</i>					
Married, Single or Widowed		Married		Name of Wife or Husband		<i>Augusta Forsythe</i>					
Father's Name		<i>Geo W. Gates</i>		Father's Birthplace		<i>Can't find out</i>					
Mother's Maiden Name		<i>Sallie Russell</i>		Mother's Birthplace		<i>Hopewell</i>					
Name of person giving In formation		<i>Jas Griffith</i>		How related to deceased		<i>2nd Cousin</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary		<i>Bright's disease. Hematuria</i>		How long		<i>5 or 6 years</i>	
Immediate		<i>Anemia</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician		<i>Ephm Hopkins</i>	
				Address		<i>Darlington Md</i>	
Accident or Suicide?							



Name
in
Full

Dorothea E. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} *Darlington* ^{County} *Harford* **MARYLAND**

Date of death 1907 ^{Month} 8 ^{Day} 21 Age ^{Years} 6 ^{Months} 16 ^{Days}

Sex *Female* Color or Race *White* Birth-place *Va.*

Occupation *Child* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Harold Gibson* Father's Birthplace *Ind.*

Mother's Maiden Name *Annie Scarbro* Mother's Birthplace *Ind.*

Name of person giving information *Harold Gibson* How related to deceased *Father*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Congenital debility*

Immediate *Marasmus*

How long *9 mo.*

How long *8 mo.*

Are the name, age, sex, color, date and place correctly given above? *Y*

Signature of Physician

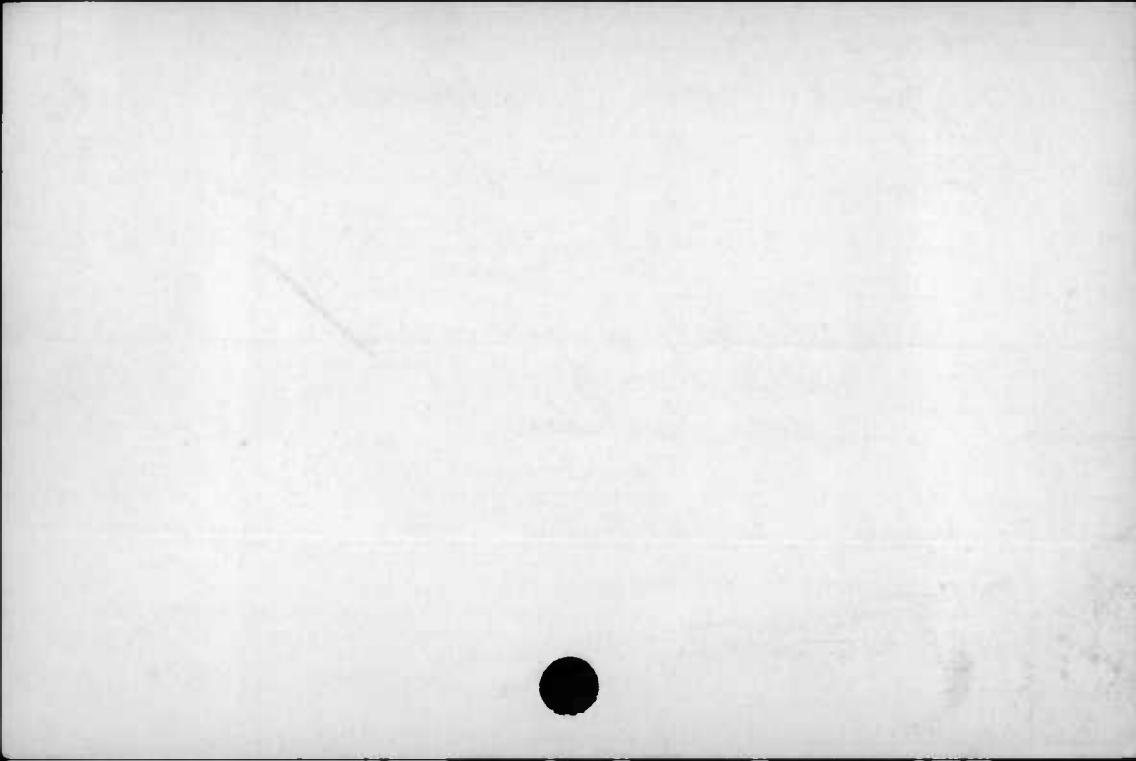
Address

W B Kirk

Darlington

Ma

Accident or Suicide?



Name
in
Full

Edna T. Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

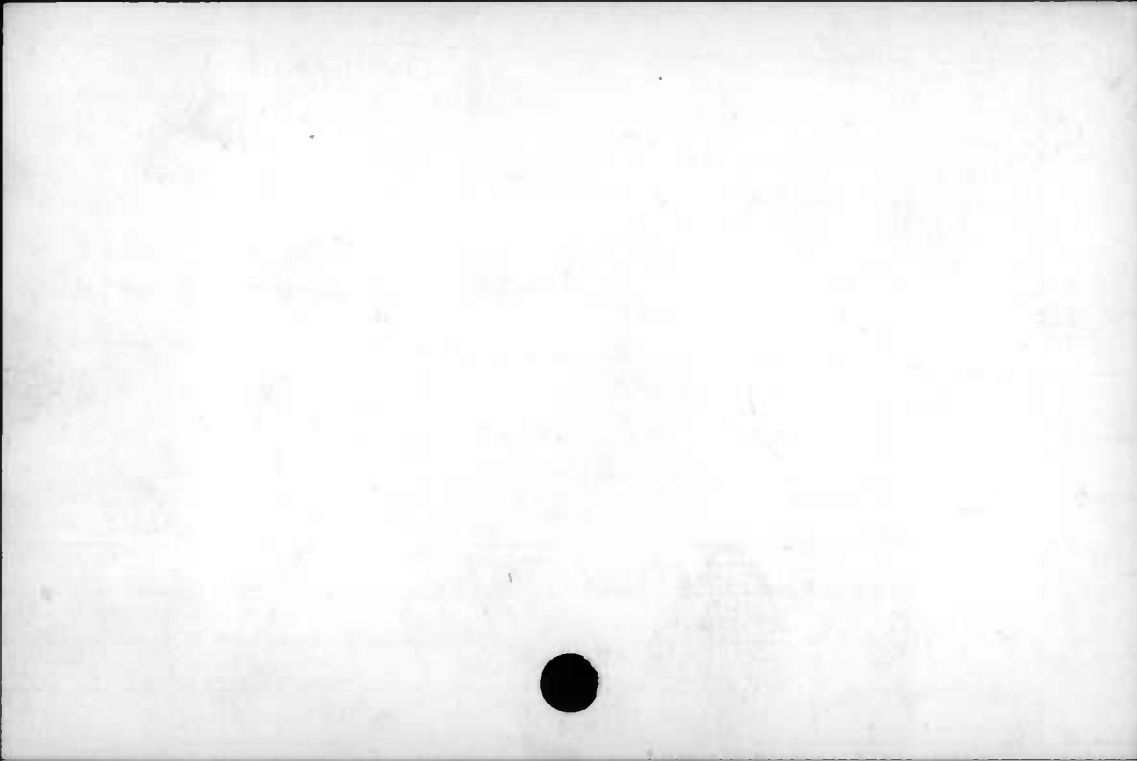
Died at <i>Upper X Roads</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MD <small>MARYLAND</small>	
Date of death <i>1907</i> <small>Month</small> <i>Aug</i> <small>Day</small> <i>13</i>		Age <i>1</i> <small>Years</small>		<small>Months</small> <small>Days</small>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balt Md</i>	
Occupation _____		Where Residing if not at place of death <i>Balt Md</i>			
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Rev. B. Gibson, Jr.</i>		Father's Birthplace <i>Balt Co Md</i>			
Mother's Maiden Name <i>Fannie Swartz</i>		Mother's Birthplace <i>Harford Co Md</i>			
Name of person giving information <i>Rev. B. Gibson</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>three weeks</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>O. H. McNamee</i>
	Address <i>Jarvisville Md.</i>
Accident or Suicide? _____	



Name

In Full

George Alex Gilbert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

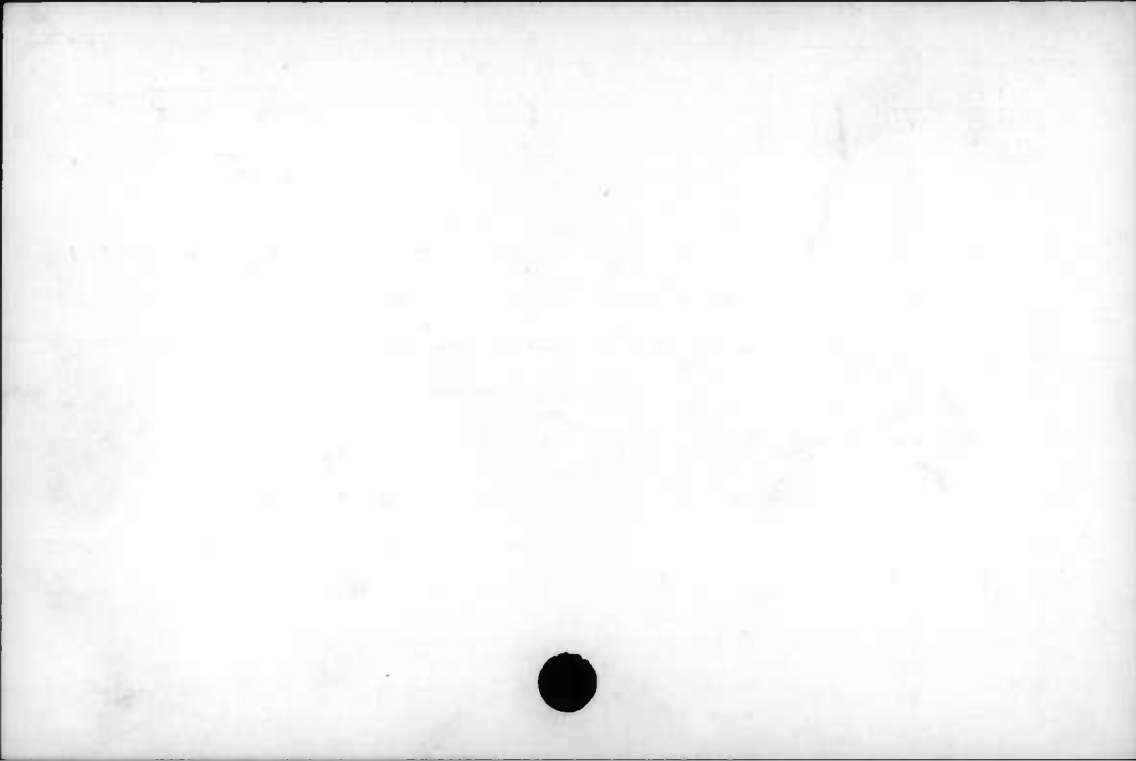
Died at <u>Aberdeen</u> <small>Town</small>		<u>Harford Co.</u> <small>County</small>		MARYLAND	
Date of death <u>1907 Aug</u>	<u>25</u> <small>Month</small>	<u>61</u> <small>Day</small>	<u>61</u> <small>Years</small>	<u>1</u> <small>Months</small>	<u>1</u> <small>Days</small>
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co</u>			
Occupation <u>Farmer.</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Silver Osborn.</u>				
Father's Name <u>Bennett Gilbert</u>	Father's Birthplace <u>Harford Co</u>		Mother's Birthplace <u>Harford Co</u>		
Mother's Maiden Name <u>Martha McComas</u>	How related to deceased				
Name of person giving information					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Asthma</u>	How long <u>1 year</u>
Immediate <u>Disease Mitral Valve</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. H. Kennedy</u>
	Address <u>Aberdeen Md.</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ethel Grafton

Town

County

MARYLAND

Died at *near Forest Hill*

Date

of death

Month

Day

Age

Years

Months

Days

1907 Aug 14

18

18

Sex

Color or
Race

Birth-
place

Female

White

Harford Co.

Occupation

Where Residing if not
at place of death

Seamstress

" "

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Richard Franklin Grafton

Harford Co.

Mother's
Maiden Name

Mother's
Birthplace

Lavonia Thomas

Harford Co.

Name of person giving
In formation

How related
to deceased

Richard F. Grafton

Father

CAUSES OF DEATH

27

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

*Tuberculosis of Lungs
Exhaustion
Yes*

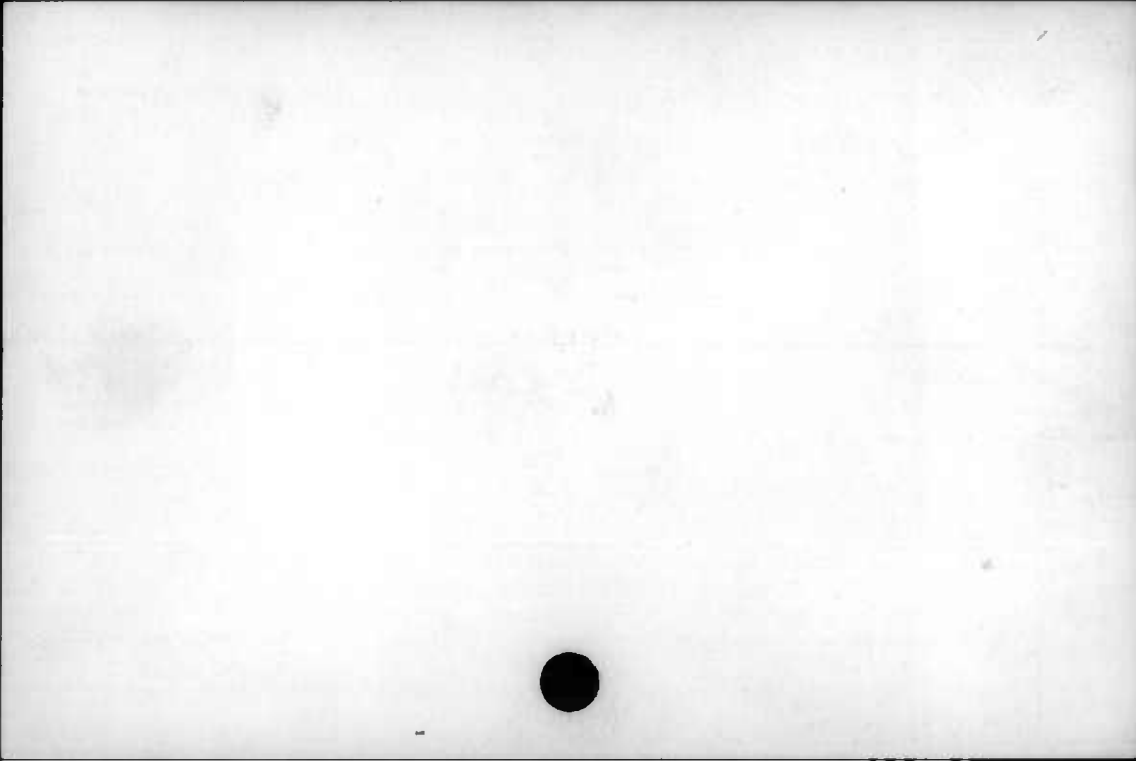
*Over 4 years
3 years*

L. P. Smithson

Forest Hill Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Priscilla Stump Griffith -

CERTIFICATE OF DEATH

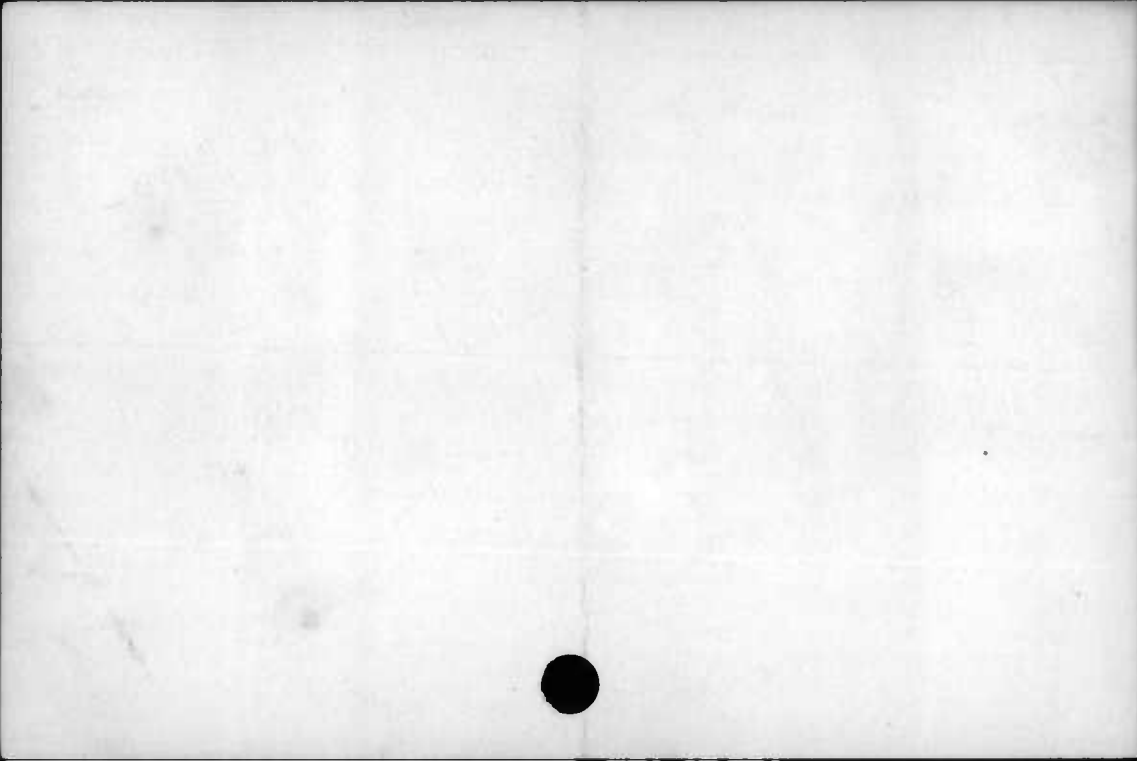
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air Md</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907 August 18</i>		Month <i>August</i>		Day <i>18</i>		Age <i>89</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birthplace <i>Harford Co.</i>		Months <i>10</i>	
Occupation <i>nothing</i>		Where Residing if not at place of death <i>Bel Air Md</i>		Years <i>4</i>		Days <i>4</i>	
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>John L Griffith</i>		Father's Name <i>John W. Stump</i>		Father's Birthplace <i>Harford Co</i>	
Mother's Maiden Name <i>Cassandra Wilson</i>		Name of person giving information <i>John L & Lee</i>		Mother's Birthplace <i>Harford Co</i>		How related to deceased <i>Grandson</i>	

CAUSES OF DEATH

Primary	<i>154</i>	How long	<i>—</i>
Immediate	<i>Senile debility</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Edward Richardson M.D.</i>	
		Address <i>Bel Air, Md.</i>	
Accident or Suicide? <i>—</i>			

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

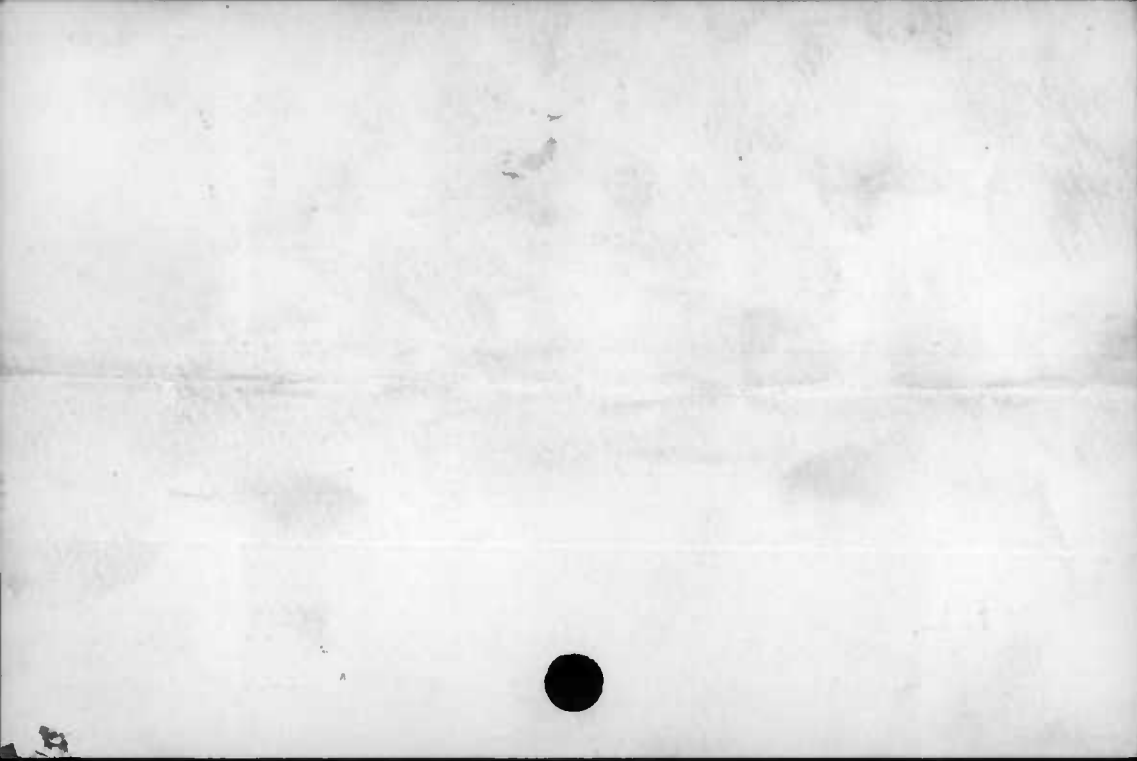
Died at <i>Harrods Grace</i>		County <i>Harford Co</i>			
Date of death <i>1907</i>	Month <i>aug</i>	Day <i>14</i>	Age <i>14</i> years	Months	Days <i>14 days</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birthplace <i>Harrods Grace</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Morgan Hughes</i>	Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Jessie Thomas-Fulton</i>	Mother's Birthplace <i>Philadelphia Pa</i>				
Name of person giving information <i>Father</i>	How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastrointestinal Infection</i>	How long <i>about a week</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Thomas</i>
	Address <i>Harrods Grace</i>
Accident or Suicide?	



Name
in
Full

Viola Augusta Files

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Abertown</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>17</i>		Age <i>1</i>		Years	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Abertown Md</i>		Months		Days	
Occupation				Where Residing if not at place of death <i>Abertown Md</i>					
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband					
Father's Name <i>Isaac Files</i>				Father's Birthplace <i>Har Co</i>					
Mother's Maiden Name <i>Aunie Thompson</i>				Mother's Birthplace <i>Har Co</i>					
Name of person giving information <i>Dr Kimmey M. D</i>				How related to deceased					

CAUSES OF DEATH

Primary *Sacro Spinal Fractures* 103 How long *14 days*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above?

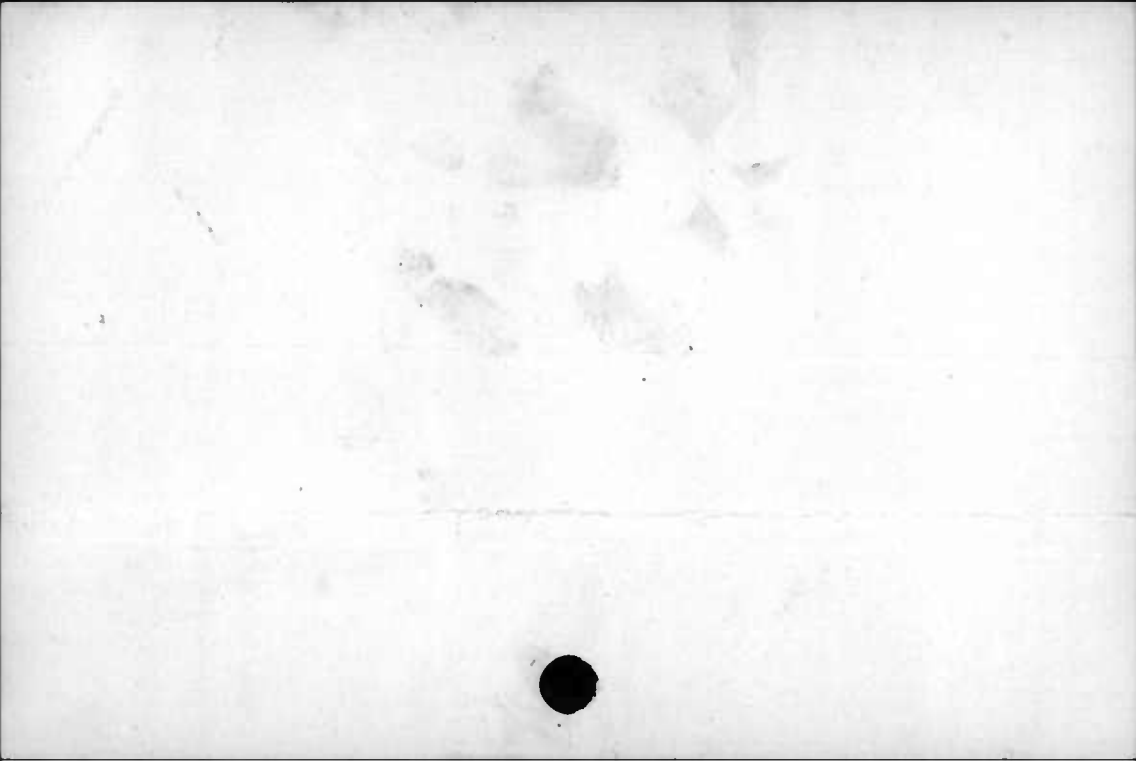
Yes

Signature of Physician

Address

*Dr Kimmey**Abertown Md*

Accident or Suicide?



Name
in
FullMrs. *Carmelia I. Jones*

CERTIFICATE OF DEATH

MARYLAND

Died at *Castleton* Town*Harford* County

Date

of death *1907*

Month

Aug 5

Day

7

Years

Age

62

Months

Days

Sex

*Female*Color or
Race*White*Birth-
place*Cecil Co., Md*

Occupation

*Housewife*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of ~~wife or~~
Husband*Hugh A. Jones*Father's
Name*James Touchstone*Father's
Birthplace*Port Deposit Md*Mother's
Maiden Name*Virginia Owens*Mother's
Birthplace*Port Deposit Md*Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

*Cancer of Stomach**(40)*

How long

Two years

Immediate

Gastritis

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*Ephra Hopkins*

Address

Wilmington

Accident or Suicide?

TO BE ANSWERED BY:
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Harry Kennedy

CERTIFICATE OF DEATH

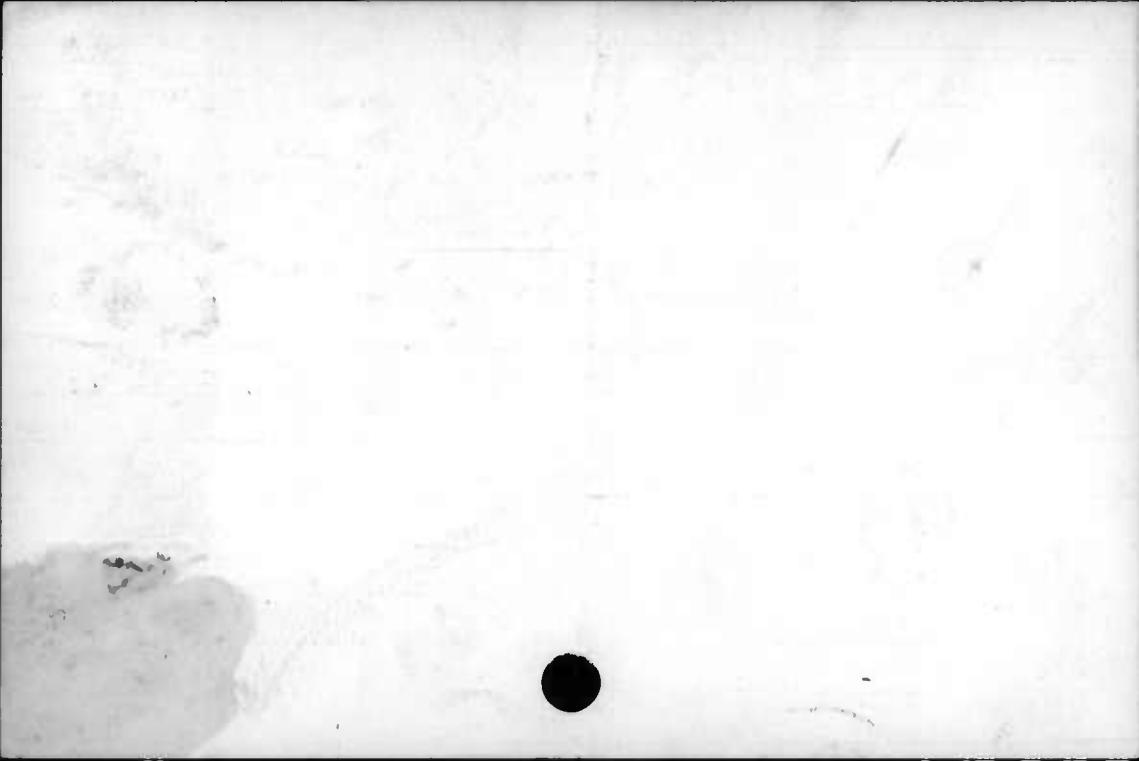
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Cherry Hill		Cherry Hill		Hager	
Date of death	1907	Month	May	Day	31
Age		21		Years	
Sex	Male	Color or Race	White	Birth-place	Ind
Occupation	Had none		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Single		Cherry Hill			
Father's Name	Charles Kennedy				Father's Birthplace
					Ind
Mother's Maiden Name	Miss Riddon				Mother's Birthplace
					Ind
Name of person giving Information	Charles Kennedy				How related to deceased
					Father

CAUSES OF DEATH

Primary	Epilepsy	How long	10 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		C. H. F. Arnold	
		Address	
		Strom	
Accident or Suicide?		Ind	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hann delrose</i> ^{Town} <i>Barford</i> ^{County}		MARYLAND	
Date of death <i>1901</i>	Month <i>8</i>	Day <i>15</i>	Age <i>72</i>
Sex <i>Male</i>	Color or Race <i>W.</i>	Birth-place <i>Germany</i>	Months <i>—</i> Days <i>—</i>
Occupation <i>Merchant</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Rose Lewis</i>		
Father's Name <i>Lewis L. Lewis</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>B. Lewis</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

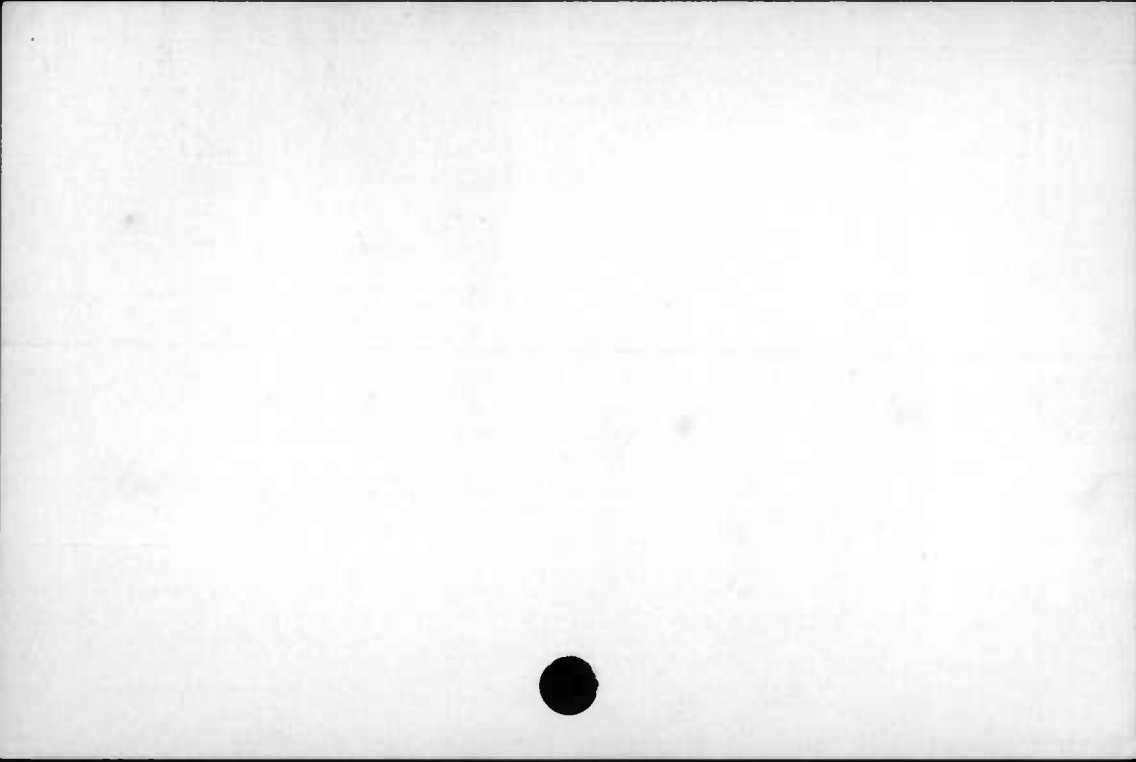
90

PHYSICIAN
OR CORONER

Primary <i>Cap - Bronchitis</i>	How long <i>10 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Henderson</i>
	Address
Accident or Suicide?	



Name in Full blara b. Little		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Hudlin <small>Town</small>	Harford <small>County</small>	MARYLAND
	Date of death 1907 Aug 18 <small>Month Day</small>	21 <small>Years</small>	9 <small>Months</small> 12 <small>Days</small>
	Sex Female	Color or Race White	Birth-place Hudlin, Md.
	Occupation None	Where Residing if not at place of death Hudlin, Md.	
	Married, Single or Widowed	Name of Wife or Husband	
	Father's Name David Little	Father's Birthplace Harford Co. Md.	
	Mother's Maiden Name blara b. ullum	Mother's Birthplace Harford Co. Md.	
Name of person giving information David Little	How related to deceased Father.		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum	105 How long 8 days.	
	Immediate	How long	
	Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician C. H. Lumsden	
		Address Street	
Accident or Suicide?		Inf.	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrods Grove</i>		Town <i>Harrods Grove</i>		County <i>Harford</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Aug</i>	Day <i>11</i>	Age <i>6</i>	Years <i>12</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Harrods Grove</i>				
Occupation <i>—</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>—</i>			Name of Wife or Husband				
Father's Name <i>Charles Lombard</i>			Father's Birthplace <i>Portland Me</i>				
Mother's Maiden Name <i>Edith T. Holmes</i>			Mother's Birthplace <i>Orono Me</i>				
Name of person giving information <i>Father</i>			How related to deceased				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gravid Colic</i>	How long <i>10 days</i>
Immediate <i>Convulsions</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. C. G. G. G.</i>
	Address <i>Harrods Grove</i>
Accident or Suicide?	



Name
in
Full

Sarah Ellen McComas

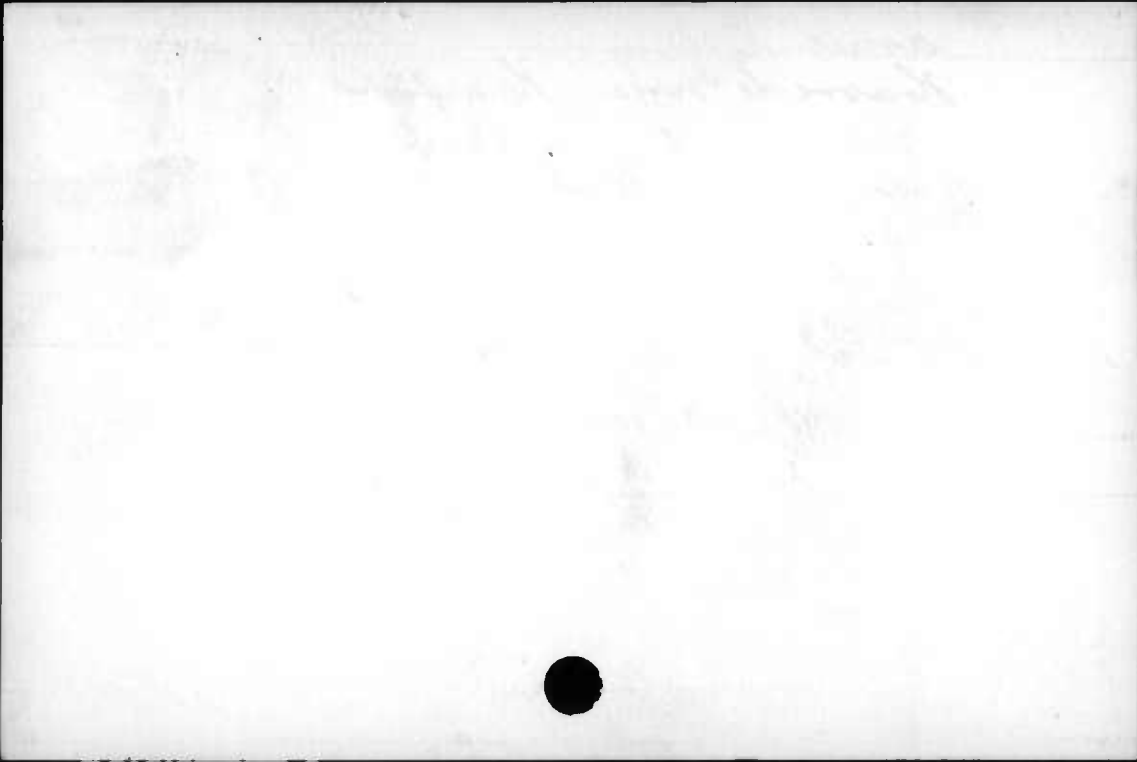
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Madison</i>		Town <i>Madison</i>		County <i>Hagerford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>35</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Madison</i>			
Occupation <i>Housekeeper</i>				Where Residing if not at place of death <i>11</i>			
Married Single or Widowed <i>Single</i>				Name of Wife or Husband			
Father's Name <i>John McComas</i>				Father's Birthplace <i>Madison</i>			
Mother's Maiden Name <i>Mary Ellen McComas</i>				Mother's Birthplace <i>Madison</i>			
Name of person giving information <i>Brother</i>				How related to deceased			

CAUSES OF DEATH

Primary <i>Typhoid fever</i>	How long <i>Three weeks</i>
Immediate <i>Perforation Bowels</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>F. J. Turner</i>
	Address <i>White Hall</i>
	<i>Mc</i>
Accident or Suicide?	



Name
in
Full

Carmele Sir Marianne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

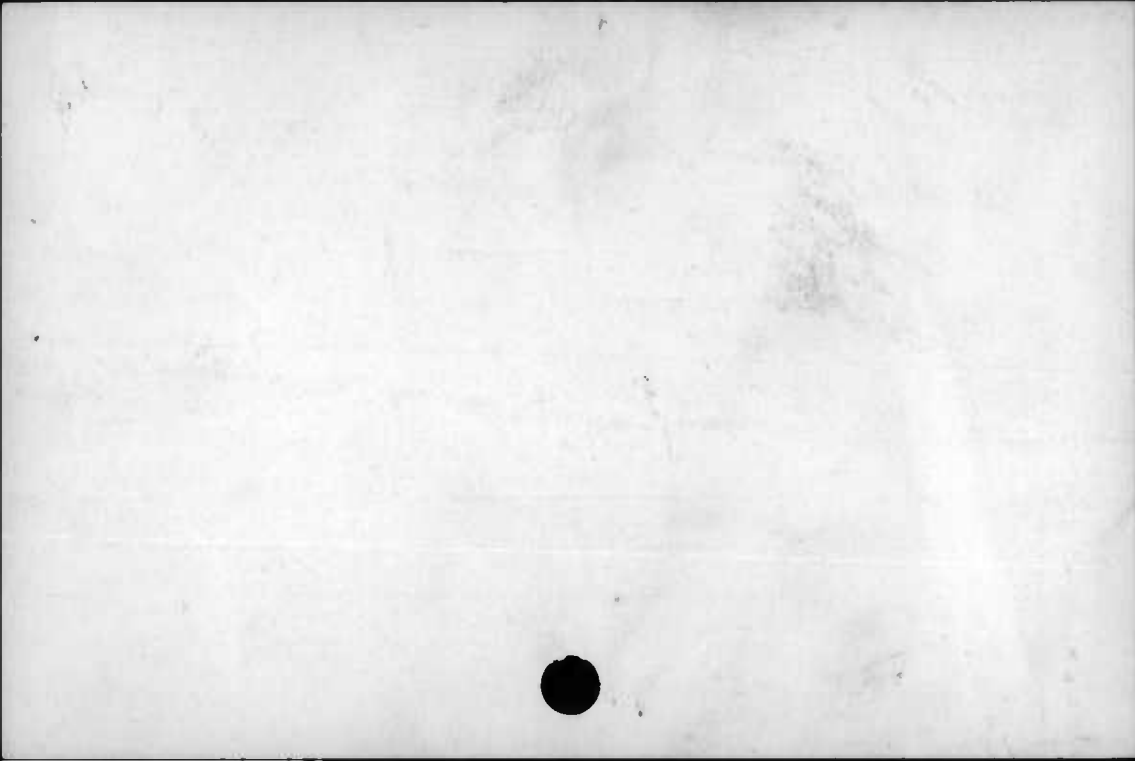
Died at <i>near Abudum</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>July</i> ^{Day} <i>30</i>		Age <i>24</i> ^{Years}		Months <i>2</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Italy</i>			
Occupation <i>Labour (R.R.)</i>	Where Residing if not at place of death <i>Abudum, Md.</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>-</i>				
Name of person giving information <i>Chas. Cole</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary <i>Struck by R.R. train</i>	How long <i>-</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of <i>James J. Pittard</i>
	Address <i>Acting Coroner</i>
Accident or Suicide? <i>-</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

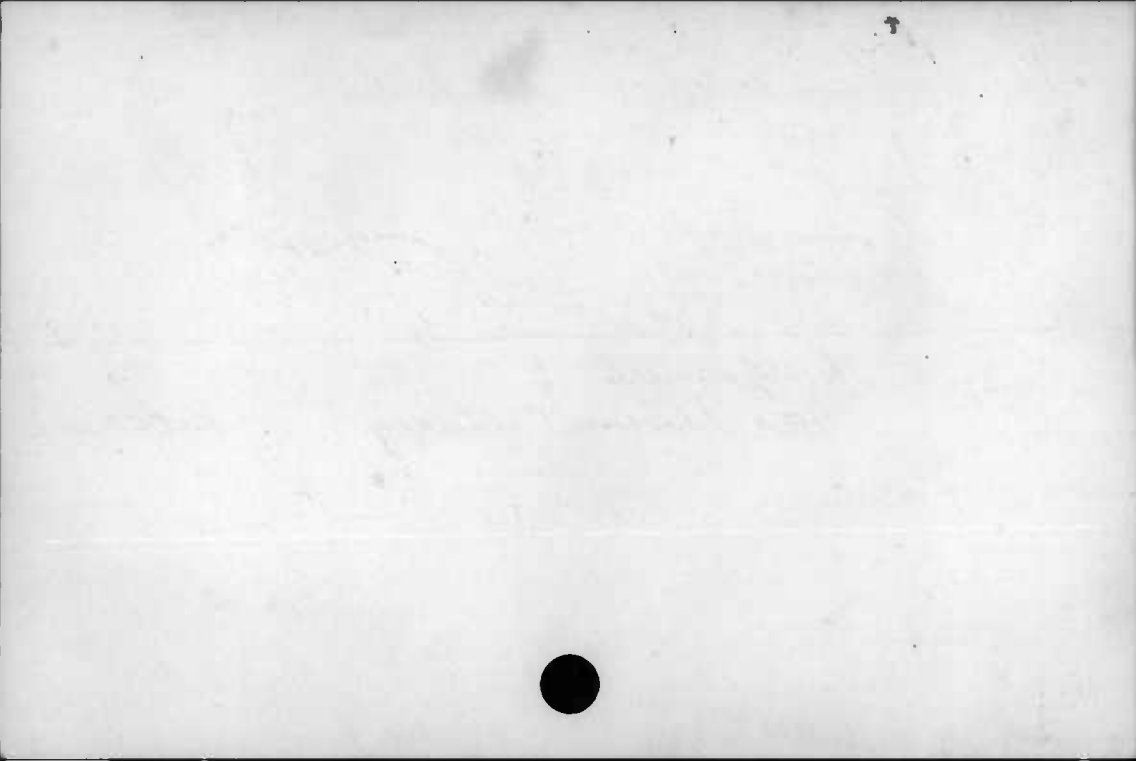
Died at		Town Harrode Grace		County Harford		MARYLAND	
Date of death		1907	Month Aug	Day 1	Age 83	Years	Months - Days -
Sex Male		Color or Race White		Birth- place Balto. Md.			
Occupation None				Where Residing if not at place of death Baltimore Md			
Married, Single or Widowed Widower		Name of Wife or Husband -					
Father's Name Ezekial Mills		Father's Birthplace Balto.					
Mother's Maiden Name Mary Sands		Mother's Birthplace ..					
Name of person giving Information W. Sutherland		How related to deceased Son in law					

CAUSES OF DEATH

14

PHYSICIAN
OR CORONER

Primary Dysentery	How long 4 days
Immediate Heart Failure	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. N. Smith
	Address None de Grace
Accident or Suicide? No	



Name
in
Full

Mary E. Myers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

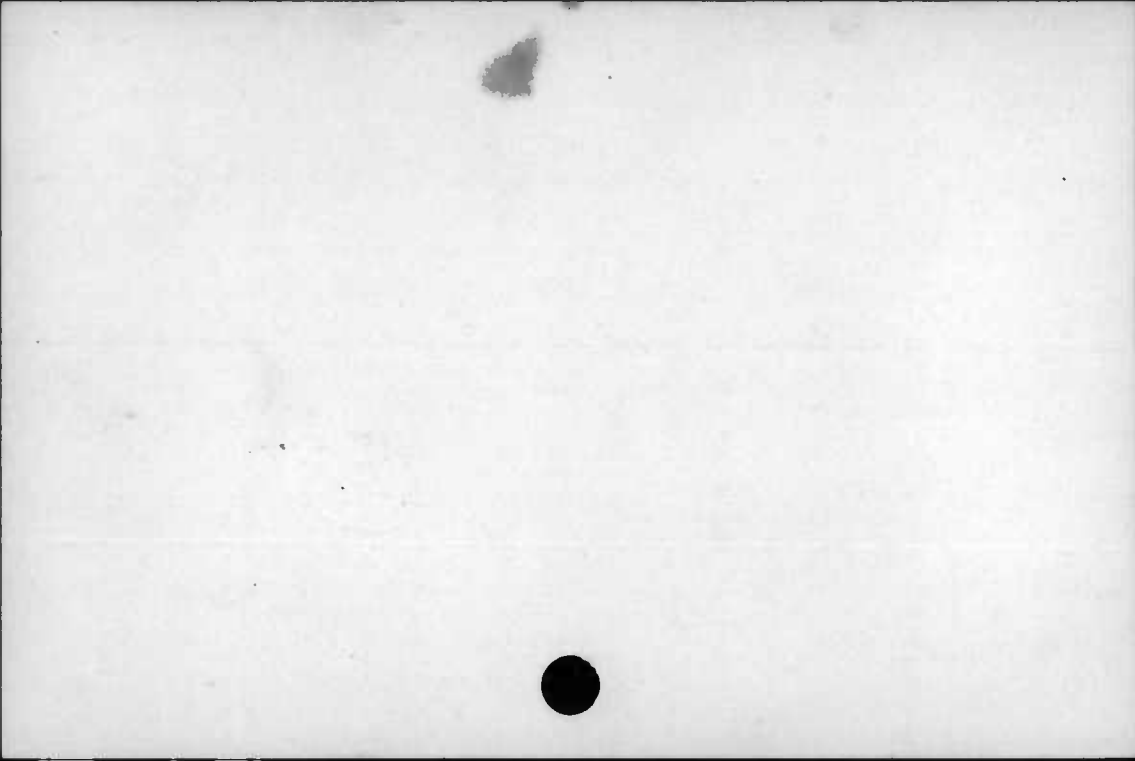
Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death		1907	Month aug	Day 5	Years 77	Months	Days
Sex Female		Color or Race White		Birth- place Harrods Grace			
Occupation House wife				Where Residing if not at place of death			
Married, Single or Widowed Widow		Name of Wife or Husband John K. Myers					
Father's Name Robert M. Collough		Father's Birthplace Pennsylvania					
Mother's Maiden Name A. Yarnell		Mother's Birthplace Unknown					
Name of person giving information Mrs Florence Patterson		How related to deceased Niece					

CAUSES OF DEATH

(14)

PHYSICIAN
OR CORONER

Primary	Dysentery	How long	10 days
Immediate	Heart weakness	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		R. H. Smith	
Address		Harrods Grace	
Accident or Suicide?			



Name
in
Full

Mary A. Cheef

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

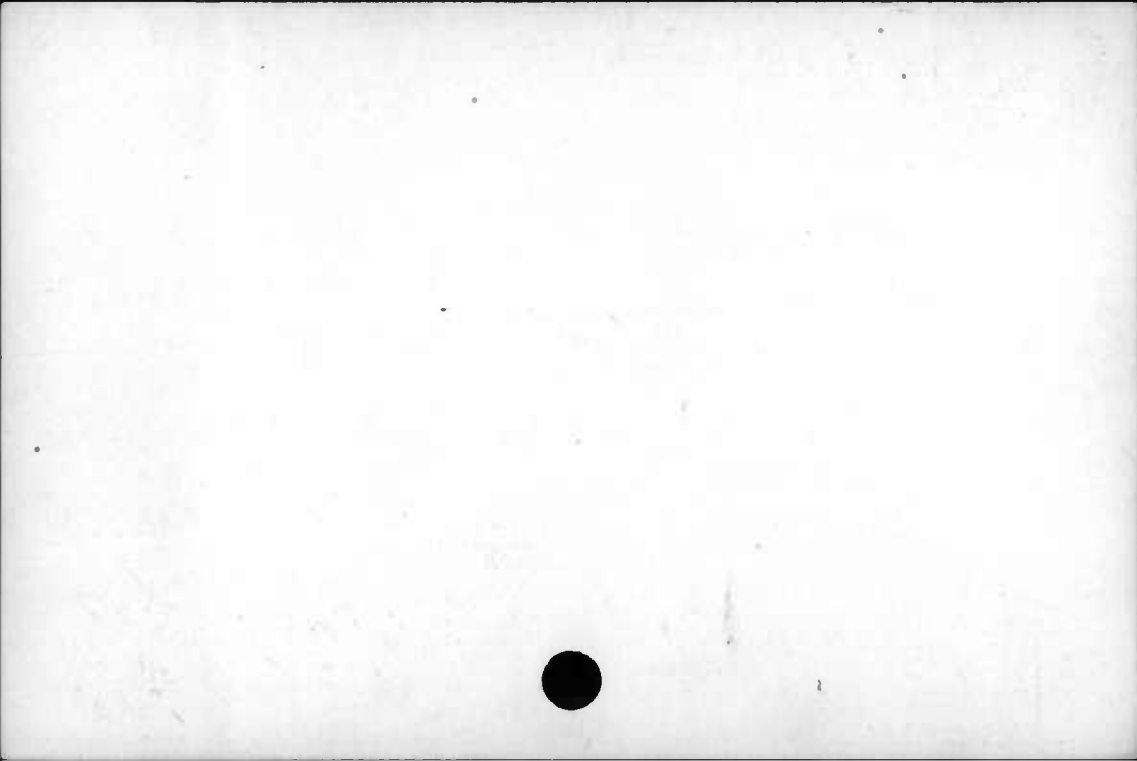
Died at		Town <i>Belair</i>		County <i>Harford</i>		STATE <i>MARYLAND</i>	
Date of death		Month <i>Aug</i>		Day <i>4</i>		Age <i>32</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>House Wife</i>		Where Residing if not at place of death <i>Maryland</i>					
Married, Single or Widened <i>Single</i>		Name of Wife Husband <i>John T. Cheef</i>					
Father's Name <i>Ambrose Heaulblit</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Annie Gordon</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>John T. Cheef</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <i>Diabetes Mellitus</i>		How long <i>don't know</i>	
Immediate <i>Coma</i>		How long <i>12 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. F. Van Zibben</i>	
		Address <i>13el Air</i>	
Accident or Suicide? <i>No</i>		<i>Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

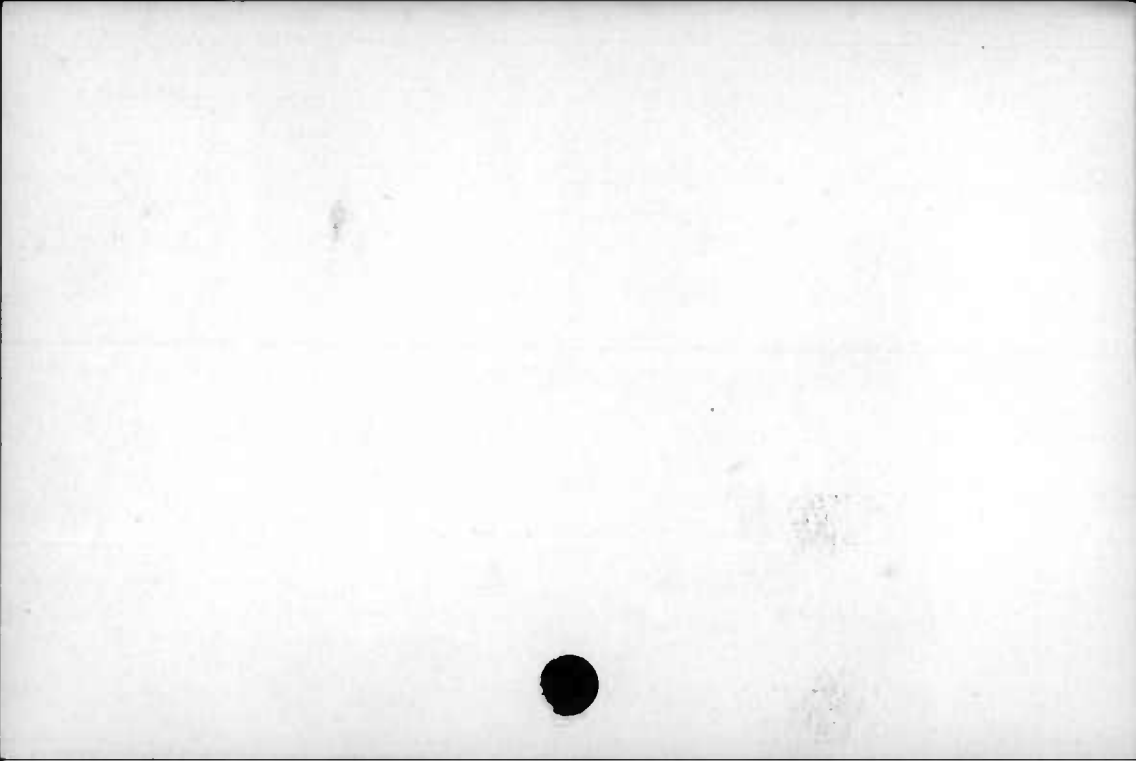
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth H. Patterson</i>		Town <i>Emmerton</i>		County <i>Hampord</i>		STATE MARYLAND	
Died at <i>Emmerton</i>		Month <i>Aug</i>		Day <i>15</i>		Age <i>38</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Emmerton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>E. Stanley Patterson</i>					
Father's Name <i>George F. Walker</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Laura Elliott</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>E. Stanley Patterson</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nephritis</i>		(93)	How long <i>2 days</i>	
Immediate <i>Pneumonia</i>			How long <i>2 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>C. A. H. Smith</i>		
		Address <i>Bell Air Ind.</i>		
Accident or Suicide? <i>No</i>				



Name
in
Full

Anneta Craker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

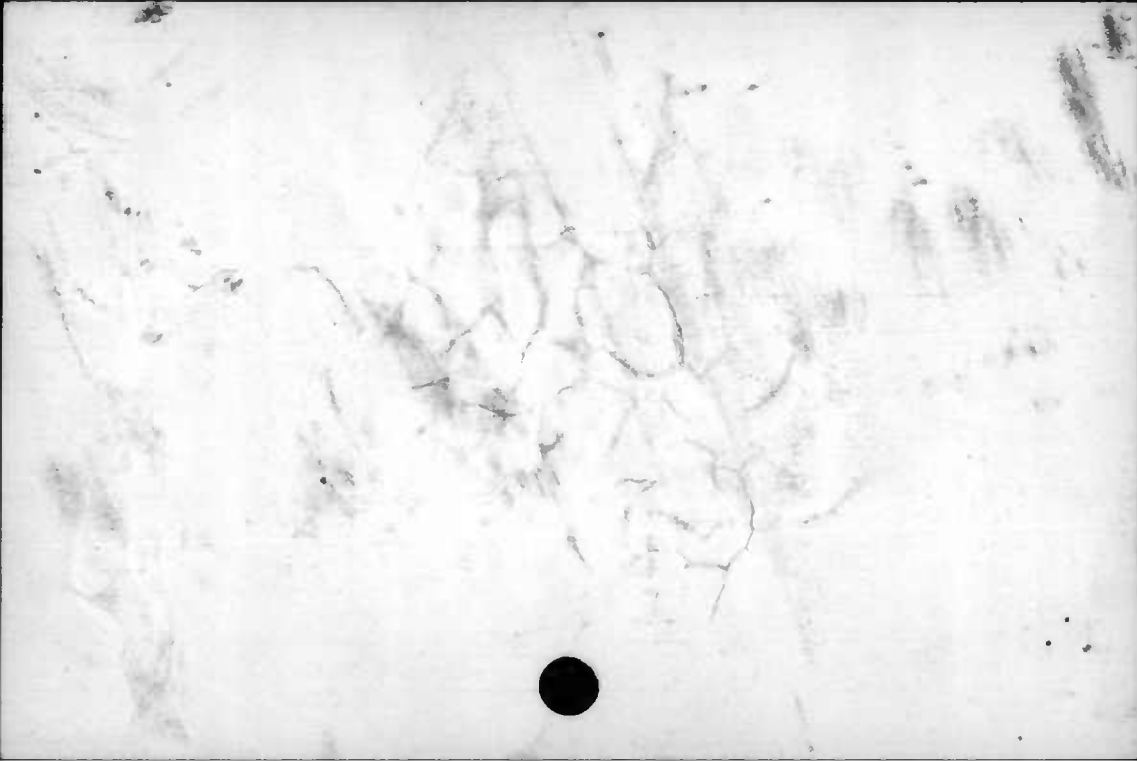
Died at <i>Wheel</i>		County <i>Hartford</i>		MARYLAND	
Date of death	1907	Month	Aug.	Day	25
Age		Years	1	Months	13
Sex	Female	Color or Race	Colored	Birth-place	Wheel.
Occupation	✓	Where Residing if not at place of death <i>Singer</i>			
Married, Single or Widowed	Name of Wife or Husband <i>Lloyd Craker</i>				
Father's Name	<i>Lloyd Y. Craker</i>			Father's Birthplace	<i>Abingdon</i>
Mother's Maiden Name	<i>Julia Dorsey</i>			Mother's Birthplace	<i>Bolton</i>
Name of person giving information	<i>Mother</i>			How related to deceased	<i>Mother</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>3 months</i>
Immediate	<i>Cerebral & Convulsions</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Charles Bagley</i>	
		Address	
		<i>Bagley M.D.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

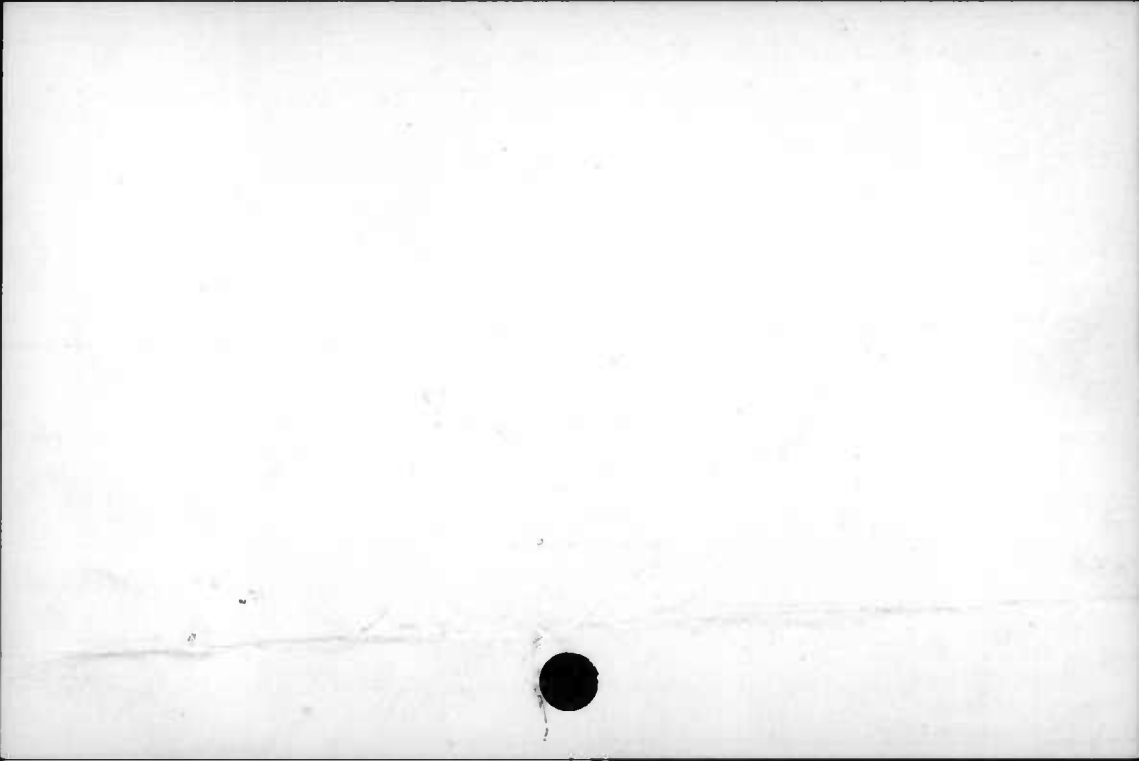
Died at <i>Benson</i> Town		County <i>Harford, Co.</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Aug.</i>	Day <i>11</i>	Years <i>21</i>	Months <i>8</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Benson Ind.</i>		
Occupation <i>Servant</i>		Where Residing If not at place of death <i>Benson Ind.</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>James Pinkney</i>	Father's Birthplace <i>Harford Co.</i>				
Mother's Maiden Name <i>Comelia Gills</i>	Mother's Birthplace <i>Harford Co.</i>				
Name of person giving information <i>Comelia Pinkney</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>8 months</i>
Immediate <i>"</i>	How long <i>8 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J F H Gorman</i>
	Address <i>Folk Ind.</i>
Accident or Suicide?	



Name
in
Full

Andrew Regnoldi

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

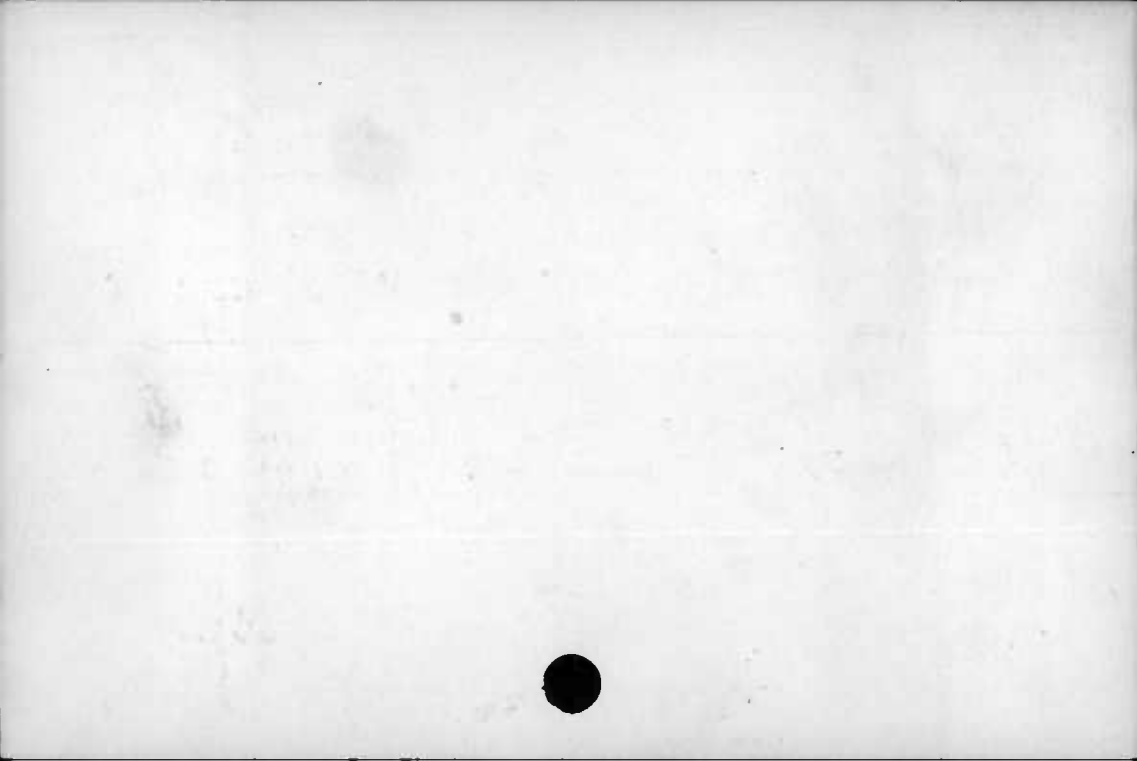
Died at <i>Harm du Grace</i>		Town <i>Harm du Grace</i>		County <i>Harm du Grace</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>August</i>	Day <i>Saturday</i>	Age <i>20</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Harm du Grace Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Antoni Regnoldi</i>		Father's Birthplace <i>Italy</i>					
Mother's Maiden Name <i>Theresa Regnoldi</i>		Mother's Birthplace <i>Italy</i>					
Name of person giving information <i>Buy Benson</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Murder</i>	How long <i>Immediate</i>
Immediate <i>Struck in back with knife</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Michael H. Foley (Coroner)</i>
	Address <i>Harm du Grace Md</i>
Accident or Suicide? <i>Murder</i>	

176



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

gas. Leach Richardson
 Died ~~near~~ ^{Town} *Perryman* ^{County} *Stafford*

MARYLAND

Date of death *1907* Month *Aug* Day *8* Age *81* Months Days

Sex *Male* Color or Race *White* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *Mary E. Richardson*

Father's Name *David Richardson* Father's Birthplace *Md.*

Mother's Maiden Name *Eligabth Brooks* Mother's Birthplace *Md.*

Name of person giving information How related to deceased

CAUSES OF DEATH

179

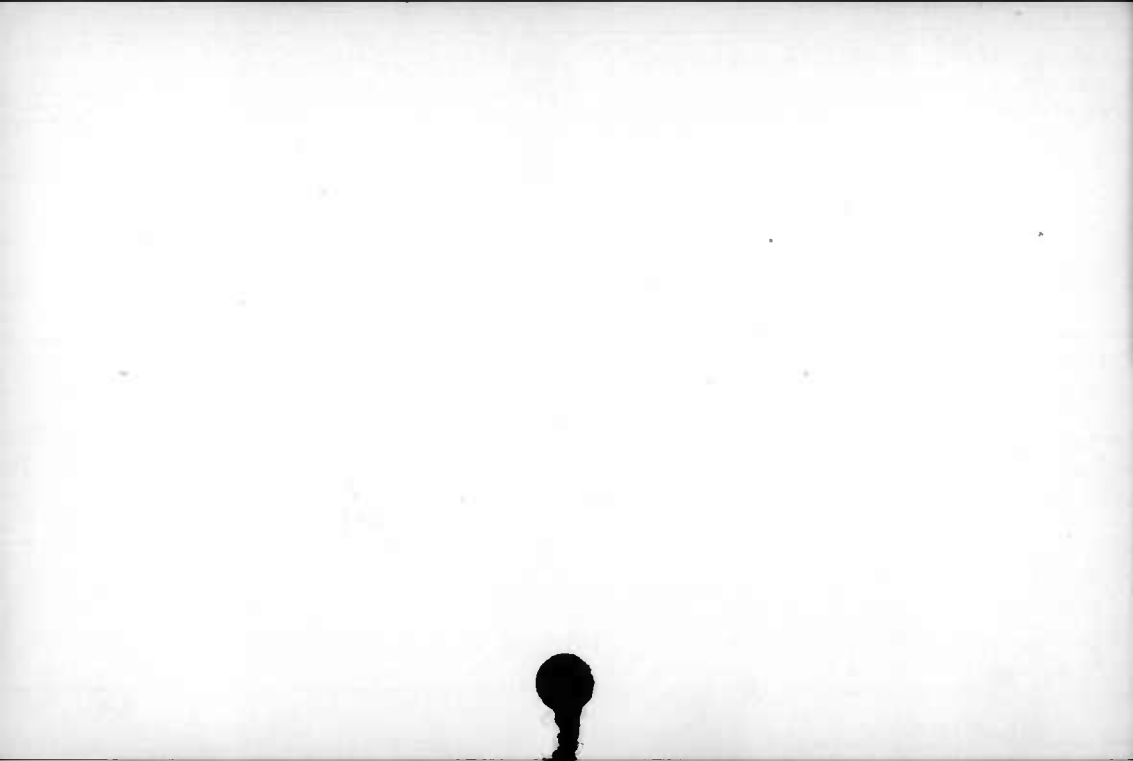
Primary *General debility* How long *4 mos.*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician *J. H. Stier*

Address *Perryman, Md.*

Accident or Suicide?



Name
in
Full

Nancy Riddon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		8.	28.	76.			
Sex	Female.		Color or Race	white		Birth-place	Ind
Occupation	House wife			Where Residing if not at place of death		Locks	
Married, <input checked="" type="checkbox"/> or <input type="checkbox"/> Widowed	Name of Wife or Husband		Benj Riddon				
Father's Name	Saml. Riddon				Father's Birthplace	Indiana	
Mother's Maiden Name	Miss Martin				Mother's Birthplace	Indiana	
Name of person giving information	C.W. Sweeting				How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Brights Dease		How long	2 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes		C. W. Farnham		
		Address		
		Street Ind.		
Accident or Suicide?				

Emory. Aug. 30/07

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

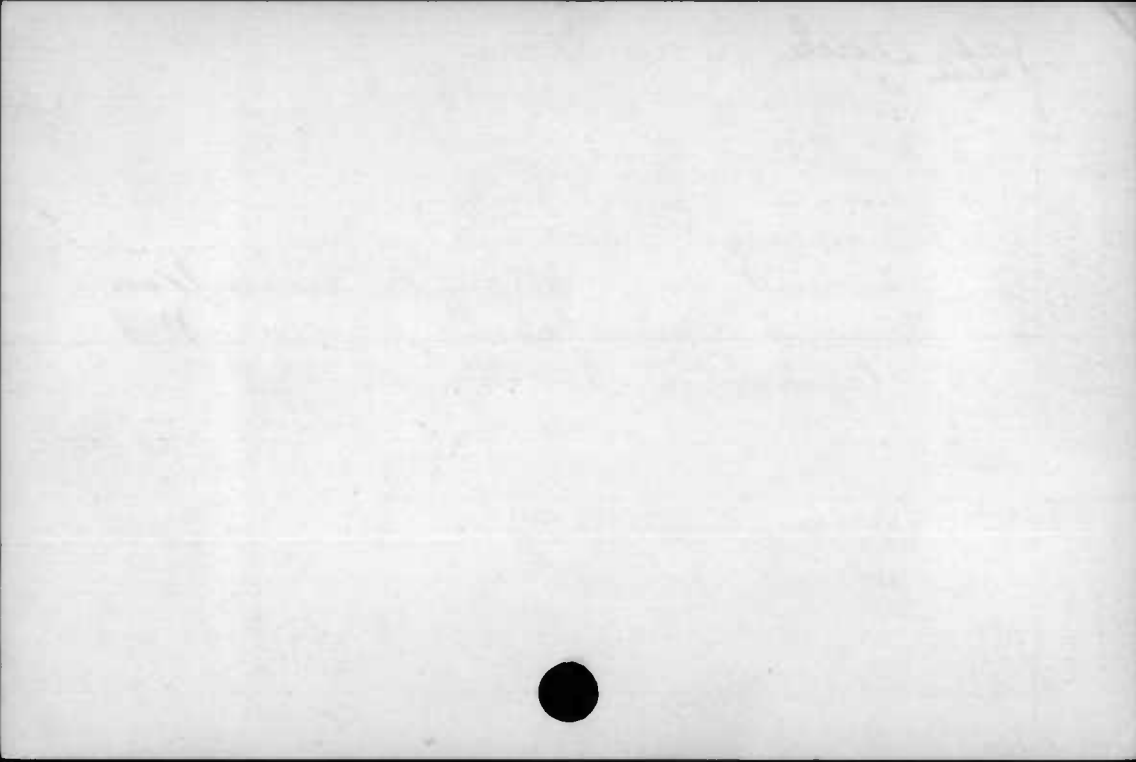
Died at		Town		County		State	
Date of death 190		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed		Occupation					
Name of Wife or Husband		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Immediate	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Smith Degeneration		yes	Chas E Prot	Edgewood Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

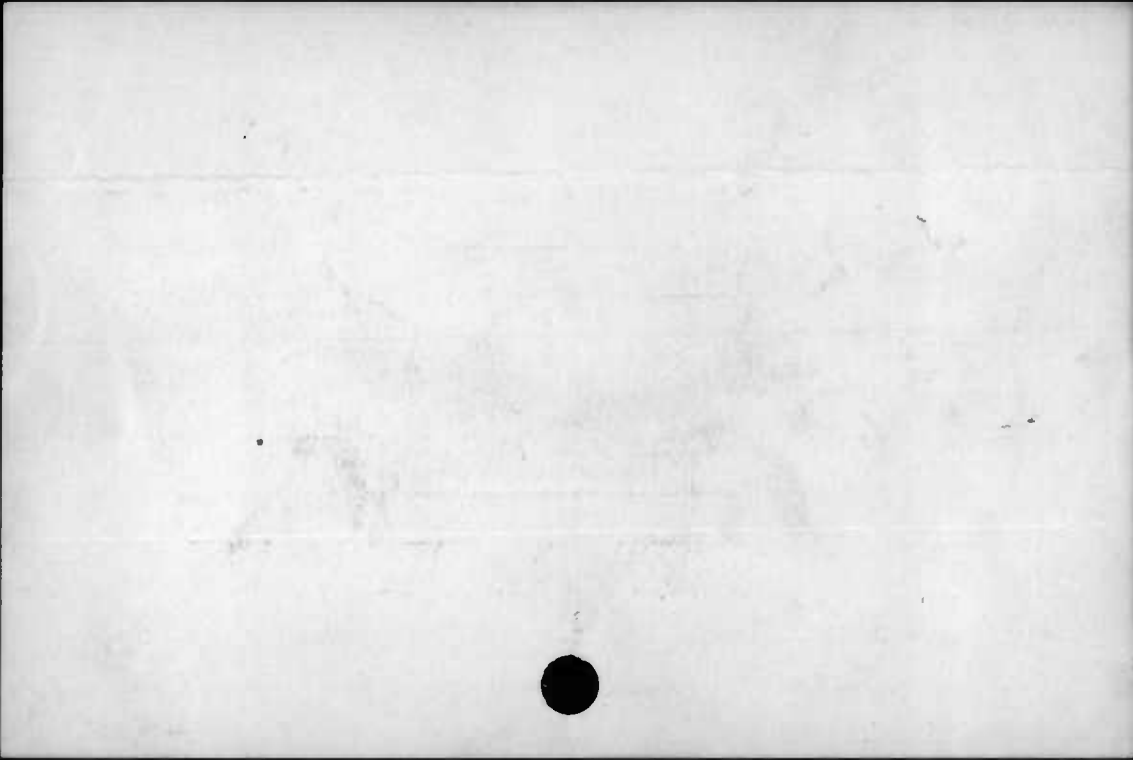
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Level</i> Town		<i>Harford</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>aug</i> Day <i>30</i> Age <i>36</i>		Years		Months	Days
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Level</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Level</i>			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Luella D. Rogers</i>			
Father's Name <i>Solomon T. Rogers</i>		Father's Birthplace <i>Level</i>			
Mother's Maiden Name <i>Dorleskia D. Wiles</i>		Mother's Birthplace <i>Stafford</i>			
Name of person giving information <i>Wife</i>		How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>2 weeks</i>
Immediate <i>Meningitis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. Lee Thompson</i>
	Address <i>Harford</i>
Accident or Suicide?	



Name
in
Full

John C. Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

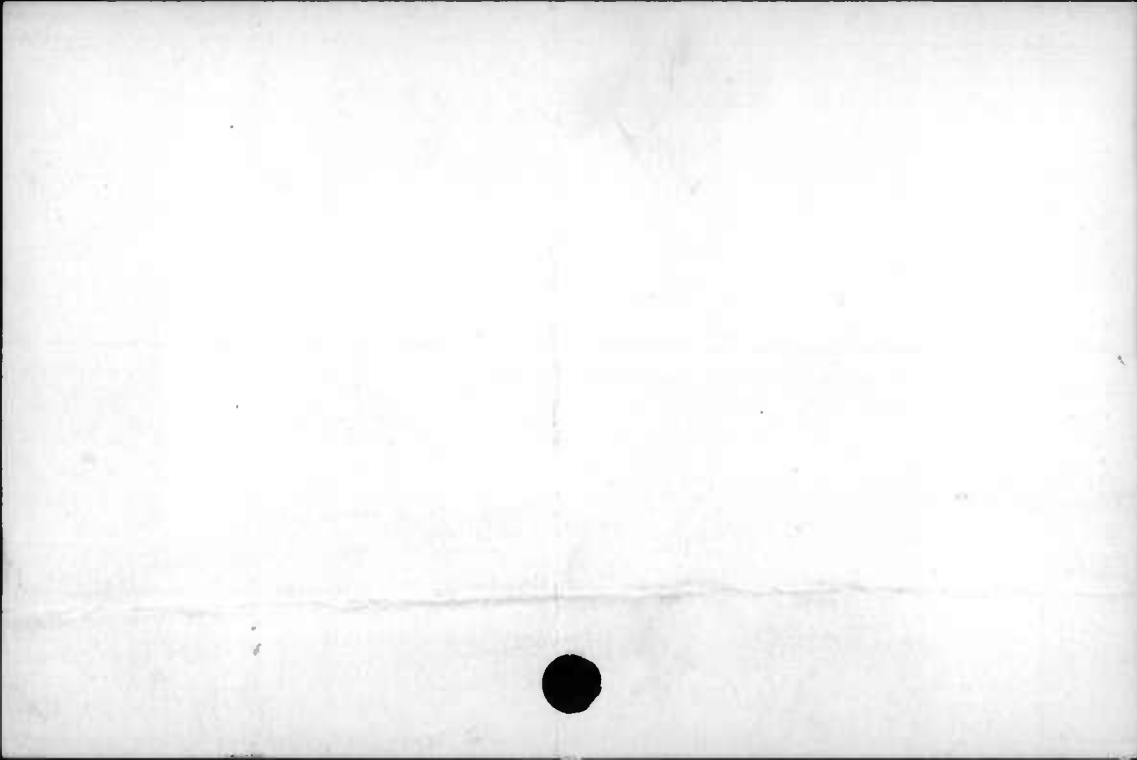
Died at <i>near Reckard</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>Aug</i>	Day <i>13</i>	Age <i>80 years</i>		Months <i>afirmat maturity</i>	Days <i>✓</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Tipporay Co. Ireland</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>near Reckard</i>					
Married, Single or Widowed		Name of Wife or Husband <i>Mary Shanahan</i>					
Father's Name <i>James Shanahan</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Johanna Calahan</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mrs. M. E. Bricle</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 days</i>
Immediate <i>Paralysis</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>East H. Gorsuch</i>
	Address <i>Fork Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Charles W. Smith		Town Emmerton		County Hanford		State MARYLAND	
Died at		Month Aug		Day 30		Years 2	
Date of death 1907		Months 7		Days 23			
Sex Male		Color or Race Black		Birth-place Ind.			
Occupation				Where Residing if not at place of death Emmerton			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Wm's Smith				Father's Birthplace Ind.			
Mother's Maiden Name Lilly M. Walters				Mother's Birthplace Ind.			
Name of person giving information Charles E. Scott				How related to deceased Uncle			

CAUSES OF DEATH

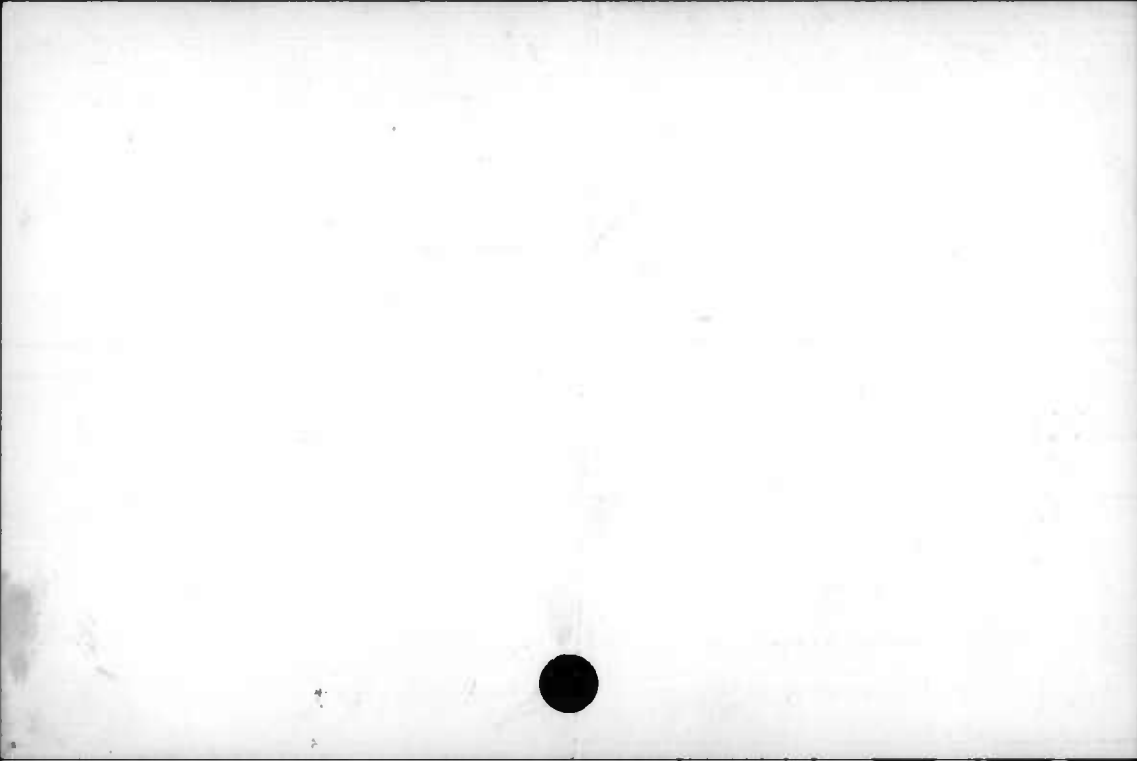
(106)

PHYSICIAN
OR CORONER

Primary	Marasmus	How long
Immediate	Cholera	How long
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. Chas. Richardson
		Address Bul. Ave. Ind.
Accident or Suicide?		

Mountains

Name in Full		Sarah Ellen Stephens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at ^{Town} The Rocks		^{County} Harford.		MARYLAND	
		Date of death 1907		Month May		Day 22	
		Age 44		Years		Months	
		Sex Female		Color or Race White		Birth-place Ind.	
		Occupation Housewife		Where Residing if not at place of death The Rocks Ind.			
Married, Single or Widowed Married		Name of Wife or Husband Taylor Stephens		Father's Name Morris Cochran		Father's Birthplace Unknown	
Mother's Maiden Name Unknown				Mother's Birthplace Unknown			
Name of person giving Information Sarah Hill				How related to deceased Son			
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary Tuberculosis		How long 8 months			
		Immediate		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. W. Farnous			
		Yes		Address Street Ind.			
Accident or Suicide?							



Name
in
Full

Theodore Virtue

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Aug	14			1	20
Sex	male	Color or Race	white		Birth-place	Harre de Grace	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Harry Virtue				Father's Birthplace	
Mother's Maiden Name		Eva Young				Mother's Birthplace	
Name of person giving information		Mother				How related to deceased	

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Lacis Intestinal Infection		How long	30-4 weeks
Immediate	Concussion & Hemorrhage		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. C. Brothman	
(yes)		Address	Harre de Grace	
Accident or Suicide?				



Name
in
Full

Emeline White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

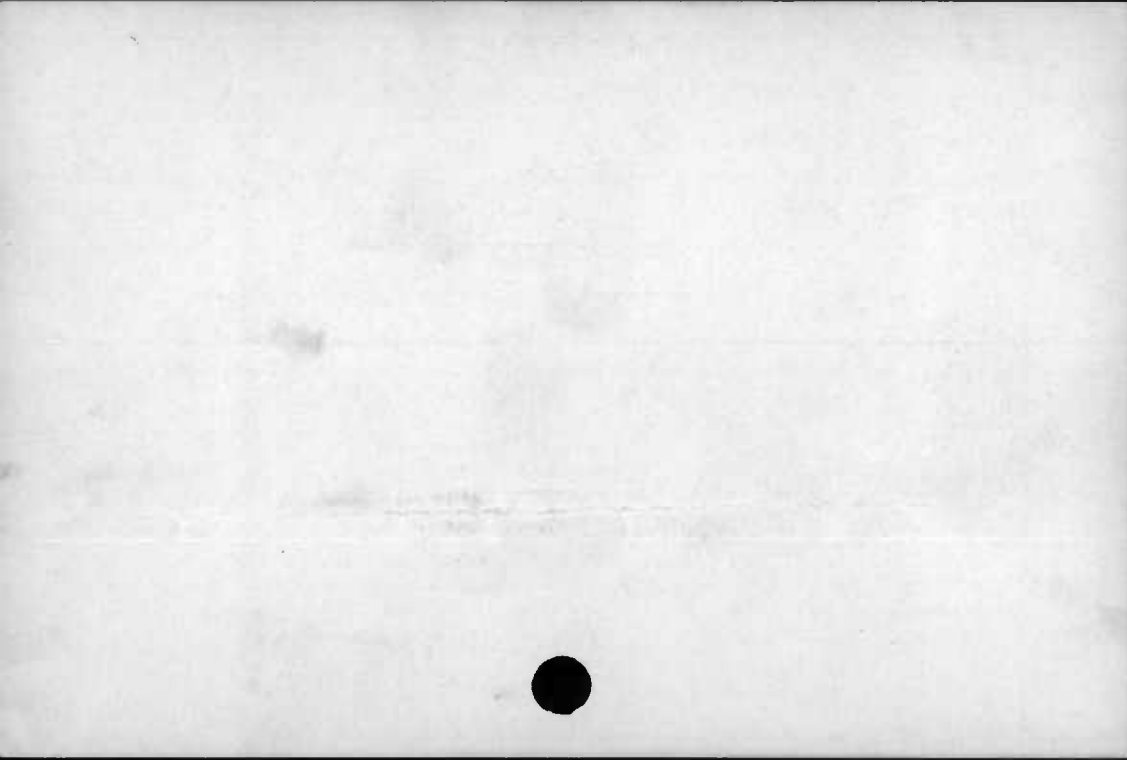
Died at		Town Abingdon		County Harford		MARYLAND	
Date of death		1907	Month 8	Day 27 th	Age 65	Years	Months Days
Sex	Female		Color or Race	Colored		Birth- place	Ind
Occupation	Sewer			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	dont know					Father's Birthplace	Unknown
Mother's Maiden Name	dont know					Mother's Birthplace	Unknown
Name of person giving In formation	Bisley Bay Jr					How related to deceased	Nephew

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Mitral Regurgitation	How long	Years
Immediate	Failure Circulation	How long	Years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Charl Root Edgemoor Md	
Accident or Suicide?			



Name
in
Full

G. Edith R. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harrods Grace		County Harford		MARYLAND	
Date of death	1907	Month Aug.	Day 15	Age	Years	Months 1	Days 14
Sex	Female		Color or Race	White		Birth-place	Harrods Grace
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	William Wilson					Father's Birthplace	Harrods Grace
Mother's Maiden Name	Alberta Wright					Mother's Birthplace	Unknown
Name of person giving information	Father					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Restricted	(104)	How long	3 weeks
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		R. W. Smith		
Address		Harrods Grace		
Accident or Suicide?		No		

